State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Long Term Care Insurance

State: Virginia

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Rate

Date Submitted: 11/26/2013

SERFF Tr Num: STLH-129237070

SERFF Status: Closed-Approved and Filed

State Tr Num: STLH-129237070 State Status: Approved & Filed

Co Tr Num: 2013 VA LTC 97045 SERIES

Implementation On Approval

Date Requested:

Author(s): Barb Baxter, David Diffor, Shirley Young, Jeff Mueller, Sabrina Weislak, Elena Oliver, Max

Adler

Reviewer(s): Janet Houser (primary), Elsie Andy

Disposition Date: 05/05/2016

Disposition Status: Approved and Filed

Implementation Date:

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### **General Information**

Project Name: 2013 VA LTCI 97045 Series Status of Filing in Domicile: Authorized Project Number: Date Approved in Domicile: 04/02/2012

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: 37% Filing Status Changed: 05/05/2016

State Status Changed: 05/05/2016

Deemer Date: Created By: Emily Ehrstein

Submitted By: Emily Ehrstein Corresponding Filing Tracking Number:

State TOI: LTC03I Individual Long Term Care

Filing Description:

Dear Sir or Madam,

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, IL, I submit the following rate revision filing.

We are filing new rate tables for Policy Form 97045VA.1 and Rider Forms 99504VA and 99505. This filing represents an average increase of 37%. Rate increases will range from 9% to 40%, with most individuals receiving a 40% increase. These new rates will apply on the policyholder's next anniversary. These rates will be implemented approximately 135 days after approval.

Most policyholders will be given the option to reduce coverage in an effort to reduce the impact of the proposed increase. Only policyholders who have coverage that is greater than the minimum issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the elimination period
- Remove an optional rider

The following are included with this filing:

- An actuarial memorandum including an actuarial certification
- Revised rate tables
- Current rate tables
- Actual and Projected Nationwide Experience
- Actual and Projected Virginia Experience
- Proposed and Current Rate Comparison

Sincerely,

Emily Ehrstein Actuarial Analyst II State Farm Mutual Automobile Ins. Co. (309) 763-6988 SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Company and Contact**

### **Filing Contact Information**

Samantha Knackmuhs, Associate Actuary samantha.knackmuhs.nboh@statefarm.com

One State Farm Plaza 309-766-4100 [Phone] Bloomington, IL 61710 309-766-1827 [FAX]

**Filing Company Information** 

State Farm Mutual Automobile CoCode: 25178 State of Domicile: Illinois

Insurance Company Group Code: 176 Company Type:
One State Farm Plaza Group Name: State ID Number:

Bloomington, IL 61710 FEIN Number: 37-0533100

(309) 766-5188 ext. [Phone]

# **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Correspondence Summary**

**Dispositions** 

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	05/05/2016	05/05/2016

### **Objection Letters and Response Letters**

Objection Letters Response Letters

Objection Lett	bjection Letters				Nesponse Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted	
Info has been requested from company	Janet Houser	05/03/2016	05/03/2016	Elena Oliver	05/03/2016	05/03/2016	
Info has been requested from company	Janet Houser	04/04/2016	04/04/2016	Elena Oliver	04/07/2016	04/20/2016	
Info has been requested from company	Janet Houser	03/22/2016	03/22/2016	Elena Oliver	03/23/2016	03/24/2016	
Info has been requested from company	Janet Houser	03/17/2016	03/17/2016	Elena Oliver	03/17/2016	03/17/2016	
Info has been requested from company	Janet Houser	03/14/2016	03/14/2016	Elena Oliver	03/16/2016	03/16/2016	
Info has been requested from company	Janet Houser	02/22/2016	02/22/2016	Elena Oliver	02/22/2016	02/23/2016	
Info has been requested from company	Janet Houser	01/12/2016	01/12/2016	Elena Oliver	02/18/2016	02/23/2016	
Info has been requested from company	Janet Houser	06/18/2015	06/18/2015	Elena Oliver	12/23/2015	12/23/2015	
nfo has been requested from company	Janet Houser	05/28/2015	05/28/2015	Elena Oliver	06/03/2015	06/09/2015	
Disapproved	Janet Houser	01/27/2015	01/27/2015	Emily Ehrstein	04/24/2015	05/05/2015	

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Objection Letters and Response Letters**

Objection Letters Response Letters

Status	Created By	Created On	Date Submitted	ı
Info has been requested from company	Janet Houser	08/14/2014	08/14/2014	I
Disapproved	Janet Houser	05/08/2014	05/08/2014	Į
Disapproved	Janet Houser	03/05/2014	03/05/2014	ı
Disapproved	Janet Houser	01/23/2014	01/23/2014	F
Disapproved	Janet Houser	12/02/2013	12/02/2013	F

Responded By	Created On	Date Submitted
Emily Ehrstein	11/19/2014	11/19/2014
Emily Ehrstein	06/09/2014	06/09/2014
Emily Ehrstein	04/16/2014	04/16/2014
Emily Ehrstein	01/29/2014	02/11/2014
Emily Ehrstein	12/04/2013	12/09/2013

**Amendments** 

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	L&H Actuarial Memorandum	Elena Oliver	05/04/2016	05/04/2016
Supporting Document	Objection 4 Response	Elena Oliver	05/04/2016	05/04/2016
Form	Policyholder Notification Letter for Rate Increase	Elena Oliver	05/03/2016	05/03/2016

**Filing Notes** 

Subject	Note Type	Created By	Created On	Date Submitted
Inconsistency	Note To Reviewer	Elena Oliver	05/04/2016	05/05/2016
Inconsistency	Note To Filer	Janet Houser	05/04/2016	05/04/2016
Final Review	Note To Filer	Janet Houser	05/04/2016	05/04/2016
policyholder letter	Note To Filer	Janet Houser	05/03/2016	05/03/2016
final copy of policyholder letter	Note To Reviewer	Elena Oliver	03/21/2016	03/21/2016
final copy of policyholder letter	Note To Filer	Janet Houser	03/21/2016	03/21/2016
2/24/15 phone message	Note To Filer	Janet Houser	02/25/2016	02/25/2016
Statement of Variability, Certificate of Compliance and Readability	Note To Reviewer	Elena Oliver	06/10/2015	12/23/2015
Updated Status	Note To Filer	Janet Houser	09/18/2015	09/18/2015
Statement of Variability, Certificate of Compliance and Readability	Note To Filer	Janet Houser	06/10/2015	06/10/2015
Additional requirements	Note To Filer	Janet Houser	03/24/2015	03/24/2015
Status Update	Note To Filer	Janet Houser	01/22/2015	01/22/2015

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

**Filing Notes** 

Subject	Note Type	Created By	Created On	Date Submitted
Filing Status?	Note To Reviewer	Emily Ehrstein	01/19/2015	01/19/2015
Filing Status?	Note To Reviewer	Emily Ehrstein	08/11/2014	08/11/2014
Objection letter	Note To Filer	Janet Houser	12/02/2013	12/02/2013
RRS	Reviewer Note	Janet Houser	05/04/2016	
policyholder letter	Reviewer Note	Janet Houser	01/23/2014	
Act Review & Rate Summary	Reviewer Note	Janet Houser	12/09/2013	

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Disposition**

Disposition Date: 05/05/2016

Implementation Date:

Status: Approved and Filed

Comment: The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at

http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748. As a reminder, several changes within the revised regulations have an immediate impact on both new and existing policies; and the company should take appropriate action to ensure its full compliance with such changes in the revised regulations.

	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	<b>Holders Affected</b>	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
State Farm Mutual Automobile Insurance Company	214.000%	36.400%	\$455,282	1,097	\$1,250,775	41.900%	9.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance		Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Actual and Projected Experience	Received & Acknowledged	Yes
Supporting Document	Proposed and Current Rate Comparison	Received & Acknowledged	Yes
Supporting Document	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document	Objection Response	Received & Acknowledged	Yes
Supporting Document	Objection 2 Response	Received & Acknowledged	Yes
Supporting Document	Objection 3 Response	Received & Acknowledged	Yes
Supporting Document (revised)	Objection 4 Response	Received & Acknowledged	Yes
Supporting Document	Objection 5 Response	Received & Acknowledged	Yes
Supporting Document	Objection 6 Response	Received & Acknowledged	Yes
Supporting Document	Note to Filer - Additional Requirements	Received & Acknowledged	Yes
Supporting Document	Objection 7 Response	Received & Acknowledged	Yes

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Schedule	Schedule Item	Schedule Item Status	<b>Public Access</b>
Supporting Document	Statement of Variability Form A-LTCICHG	Received & Acknowledged	Yes
Supporting Document	Certificate of Compliance Form A-LTCICHG	Received & Acknowledged	Yes
Supporting Document	Virginia Readability Compliance Certification Form a-LTCICHG	Received & Acknowledged	Yes
Supporting Document	Certificate of Compliance for 97045 Customer Letter	Received & Acknowledged	Yes
Supporting Document	VIRGINIA READABILITY COMPLIANCE CERTIFICATION-97045 Customer Letter	Received & Acknowledged	Yes
Supporting Document	Sample Billing Notice ((#8 Objection Response 06/18/2015)	Received & Acknowledged	Yes
Supporting Document	Updated Status (as of 12/23/2015)	Received & Acknowledged	Yes
Supporting Document	A-LTCICHG Revised (#8 Objection Response 06/18/2015)	Received & Acknowledged	Yes
Supporting Document	97045 VA Revised (#8 Objection Response 06/18/2015)	Received & Acknowledged	Yes
Supporting Document	#8 Objection Response 06/18/2015	Received & Acknowledged	Yes
Supporting Document	Statement of Variability Form 97045 VA ((#8 Objection Response 06/18/2015)	Received & Acknowledged	Yes
Supporting Document	#9 Objection Response 01/12/2016	Received & Acknowledged	Yes
Supporting Document	Original Schedule of Benefits (#9 Objection Response 01/12/2016)	Received & Acknowledged	Yes
Supporting Document	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)	Received & Acknowledged	Yes
Supporting Document	Statement of Variability for 97045 VA (#9 Objection Response 01/12/2016)	Received & Acknowledged	Yes
Supporting Document	#10 Objection Response 02/22/2016	Received & Acknowledged	Yes
Supporting Document	Statement of Variability for 97045 VA (#11 Objection Response 03/14/2016)	Received & Acknowledged	Yes
Supporting Document	#12 Objection Response 03/17/2016	Received & Acknowledged	Yes
Supporting Document	#13 Objection Response 03/22/2016	Received & Acknowledged	Yes
Supporting Document (revised)	#14 Objection Response 04/04/2016	Received & Acknowledged	Yes
Supporting Document	#15 Objection Response 05/03/2016	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Actual and Projected Experience	Withdrawn	Yes
Supporting Document	Objection 4 Response	Withdrawn	Yes

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	#14 Objection Response 04/04/2016	Withdrawn	Yes
Form (revised)	LONG-TERM CARE COVERAGE CHANGE	Withdrawn	Yes
Form (revised)	Policyholder Notification Letter for Rate Increase	Filed	Yes
Form	LONG-TERM CARE COVERAGE CHANGE	Withdrawn	Yes
Form	Policyholder Notification Letter for Rate Increase	Withdrawn	Yes
Form	Policyholder Notification Letter for Rate Increase	Withdrawn	Yes
Form	Policyholder Notification Letter for Rate Increase	Withdrawn	Yes
Form	Policyholder Notification Letter for Rate Increase	Withdrawn	Yes
Form	Policyholder Notification Letter for Rate Increase	Withdrawn	Yes
Rate (revised)	Rate Tables	Approved	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 05/03/2016 Submitted Date 05/03/2016

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

Thank you for your response to our previous objection letter. There are a few remaining items to be resolved as follows:

#### Objection 1

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

Comments: Please attach a final version of the letter in accordance with 14 VAC5-100-50 and move the marked-up form to Supporting Documentation.

### Objection 2

- #14 Objection Response 04/04/2016 (Supporting Document)

Comments: Thank you for providing an updated Policy Schedule as requested. Our only concern is that the schedule includes the form number in brackets. There is no explanation on the Statement of Variability. Since this form is specific to this particular policy, the form number should not be bracketed nor be variable. Please amend.

#### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Certification does not contain all the elements as set forth in 14VAC5-130-70 B 14 which states "Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided."

Please amend the certification accordingly.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely.

Janet Houser

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Virginia

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 04/04/2016 Submitted Date 04/04/2016

Respond By Date

State:

Dear Samantha Knackmuhs,

#### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

#### Objection 1

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

Comments: In a final review of the letter, it does not appear the letter is completely compliant with 14VAC5-100-50 2 which requires the full and proper corporate name of the insurer shall prominently appear on the form. The letter also references the company using its trademark designation. While we do not have concern with this format, the letter should explain that the corporate name may be referred to as such. Our concern would be resolved if the first sentence of the letter were stated as As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs."

The description of the contingent nonforfeiture benefit technically satisfies 14 VAC 5-200-185 E 3, however, the language could be clearer. The letter states The paid-up policy based on premiums paid to date will be no less than 30 times the daily nursing home benefit at the time of lapse. As a suggestion, it would be clearer if the letter stated that the paid-up benefit will equal 100% of the sum of all premiums paid but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefit which would have been payable in the policy remained in premium paying status.

The company states in the letter that the company anticipates seeking further rate increases in the future as experience continues to emerge. The FAQ is somewhat more detailed and states in Question 8: "Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission)." Please expand the sentence in the letter for consistency with the explanation provided in Question 8.

#### Objection 2

- #13 Objection Response 03/22/2016 (Supporting Document)

Comments: Your response regarding the Schedule of Benefits does not resolve our previous objection regarding how the policy is updated. The Bureau does not have an issue with a revised Schedule of Benefits being used for this purpose. We appreciate the fact a transmittal letter is sent advising the insured to replace the current schedule with the revised one. To resolve our objection, the revised schedule, itself, must have some kind of indication that a change in the policy has occurred. Again, we request variable wording be used such as indicating this schedule replaces any prior schedule as of MM/DD/YR, and such variability be noted on a Statement of Variability when such language will appear.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Compa

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 03/22/2016 Submitted Date 03/22/2016

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

Thank you for the final copy of the policyholder letter. Please attach the letter to the Form Schedule for review and approval.

According to your previous correspondence, the company provides an updated policy schedule with the A-LTCICHG Long Term Care Coverage Change form. The change form, itself, does not become a part of the policy. As a result, please move this form from the Form Schedule to Supporting Documentation.

The company has added variability to the Policy Schedule to include a change in the effective date. Our previous objection should have been more clear and stated that such variable language should indicate that some change in the policy has occurred. For example, wording such as the following would suffice: "This Schedule replaces any prior Schedule as of MM/DD/YR." Please revise the Policy Schedule accordingly and attach this to Supporting Documentation for review.

It is our understanding the original schedule was filed without a statement of variability. At this time please attach a Statement of Variability to Supporting Documentation for form 97045 VA.1 providing explanations for all variability contained in the form.

Once we have these issues resolved, the filing should be ready for approval.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 804-371-9390.

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 03/17/2016 Submitted Date 03/17/2016

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

Thank you for your response dated March 18, 2016. Please attach a revised letter with the form number for final review.

As agreed, the rate increase will be implemented over a three year period. For those receiving a 40% rate increase, the implementation will be 11.7% the first year, 11% the second year, and 10% the third year, correct? So that we can approve the rates, what is the rate implementation schedule for those receiving lesser increases: ages 46 - 49 and 67 - 76+ and how does this affect the overall percentage rate impact in the Rate/Rule Schedule? Initially, this was determined based on the implementation schedule for the 40% rate increase; however, we did not take into consideration the impact the lesser increases would have on this. Please advise.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 03/14/2016 Submitted Date 03/14/2016

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

At this time we have not yet received a response to our Note to Filer dated 2/25/2016. We look forward to hearing from you soon regarding this matter. There also some minor issues that still need to be addressed with statement of variability (sov) as noted below:

- 1) Please amend the sov to include the ranges for the daily benefit amount, elimination period and inflation protection that may appear.
- 2) Please remove the reference to the 2013 NAIC Model Bulletin in the explanation for the Contingent Benefit Upon Lapse. The benefit would be administered according to 14VAC5-200-185 as revised last year.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Janet Houser

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 02/22/2016 Submitted Date 02/22/2016

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

Although we have not received a reply to our January 12, 2016 objection letter, we do have an additional question. The proposed policyholder letter references Inflation Protection as an option to reduce the impact of the rate increase. Please explain. For example, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 01/12/2016 Submitted Date 01/12/2016

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

### Objection 1

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

  Comments: There are a number of concerns with the policyholder letter that need to be addressed:
- 1) The company has requested an exemption to placing a form number on the first page of the policyholder letter due to system constraints and has indicated the form number could be added to the last page of the letter. The Virginia Bureau of Insurance understands that requiring policyholder notifications to be filed is a new requirement effective September 1, 2015. As a result, the company will need to make such a change either now or in the future for compliance with Chapter 100 of the Code of Virginia. What is the company's intent going forward?
- 2) Thank you for including the language that all options may not be of equal value. Because this is a "disclosure", such language should be emphasized to bring attention to it. For example, the language could be bolded, highlighted or appear in larger print. Please advise the insured that similar options would be available in the event of a future rate increase for compliance with 14VAC5-200-75 A 2 and that benefit changes may be made at any time and not just at the time of a rate increase.
- 3) The paragraph stating the premium increase may be financially difficult should clearly state that changes in the policy's current benefits maybe used to reduce the rate increase.
- 4) The Contingent Benefit Upon Lapse paragraph should be restated to say the paid up value is based on the premium paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; but in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.
- 5) Please add to the last sentence under item 3 of the Questions and Answers "subject to review and approval by the Virginia State Corporation Commission."
- 6) Although we appreciate the challenges noted in your response to objection two, item two, such information is required in the notification pursuant to subsection A 3 and A 4 of 14 VAC5-200-75. So that the applicable information is provided, the company should consider including sufficient variability in the letter to address the different scenarios.

In addition, the paragraph regarding the implementation should contain appropriate variability since the company has indicated in some cases the increase will be a single increase (for those receiving 10% or less) or will be implemented over a period of three years. According to the paragraph, the number of increases is based on the policy's current benefit selections. This statement should be revised or removed as the implementation is based on the overall rate increase. Please expand the paragraph include the amount of the each rate increase for each period in addition to the overall rate increase with the appropriate effective dates.

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Virginia

State:

7) The letter must contain the full and proper name of the insuring company, State Farm Mutual Automobile Insurance Company, for compliance with 14VAC5-100- 50 2. Please amend the letter accordingly.

- 8) Since the majority of policyholders are receiving the proposed rate increase over a three year period, please indicate in item 8 under the Questions and Answers that the company will not seek an additional increase during this period.
- 9) Thank you for revising the reason for the rate increase. As an observation, we suggest adding the wording "including State Farm" to the end of the sentence beginning with "These trends have led...". To clearly emphasize the reason for the rate increase, we suggest the wording of the last sentence be expanded as follows: "As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims."
- 10) Item 2 under the Questions and Answers suggests removing the non-forfeiture benefit rider. The insured would also have the option of exercising that option and should be advised of such.

In our previous objection letter we asked what will appear when the insured exercises his/her nonforfeiture benefit option. The company states the offer would be on the Billing Statement. We apologize our question was not clear. How is the policy amended if the insured exercises this option? Providing information on the Billing Statement does not satisfy the requirements as forth in 14VAC5-200-75 D for the policyholder communication. The billing statement is not subject to review and approval by the Bureau; the notice, however, is and that is why the policyholder communication must contain all the appropriate information.

11) Please attach the revised letter to the Form Schedule in SERFF rather than in Supporting Documentation.

#### Objection 2

- Statement of Variability Form 97045 VA ((#8 Objection Response 06/18/2015) (Supporting Document)

Comments: The Contingent Benefit Upon Lapse paragraph is in brackets in the policyholder letter; however, the Statement of Variability does not indicate when this paragraph will or will not appear in the letter. Please clarify.

Item 6 under the Questions and Answers states a person may also be eligible for a contingent benefit upon lapse. If you qualify, you'll be notified on your billing statement. This does not satisfy the requirements as set forth in 14VAC5-200-150 D.

Since we have requested changes in paragraphs 3 and 4 of the letter, please review the Statement of Variability to ensure the explanations correspond with any bracketed information in the letter.

#### Objection 3

- LONG-TERM CARE COVERAGE CHANGE, A-LTCICHG (Form)

Comments: Thank you for providing us with revised form; however, the forms must be attached to the Form Schedule in order for us to continue our review.

Based on previous correspondence, if the insured makes a benefit change, this letter would be sent with an updated Schedule of Benefits. Is form A-LTCICHG to be attached and become a part of the policy?

If the letter does not become a part of the contract, the letter does not need to be moved to the Form Schedule. If it does become a part of the contract, the letter should clearly state this such.

The company stated an updated Schedule of Benefits is sent with the letter. Does the schedule indicate a new effective date? If so, did the original schedule contain the appropriate variability to capture a change in the effective date due to a change in the benefits?

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

If not, the original statement of variability for the Schedule of Benefits should be amended accordingly.

### Objection 4

- LONG-TERM CARE COVERAGE CHANGE, A-LTCICHG (Form)

Comments: Thank you for your response regarding the minimum benefit period available for selection; however, we have an additional concern. The Benefit Period is indicated as a variable selection. As such the benefit period should be identified in the Statement of Variability. The description of variability should include the minimum and maximum values.

#### **Objection 5**

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

Comments: Thank you for providing us with the Statement of Variability (SOV) for form 97045 VA; however, the SOV identifies policy form number 97045 VA as a hospital indemnity policy. Please advise how this applies to this long-term care filing. If not, please revise the SOV.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 804-371-9390.

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 06/18/2015 Submitted Date 06/18/2015

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

### Objection 1

- LONG-TERM CARE COVERAGE CHANGE, A-LTCICHG (Form)

Comments: Please address the concerns noted below in regards to the policy forms:

- 1) The following applies to both forms: A-LTCICHG and 97045 VA
- Pursuant to 14 VAC 5-100-50 1, the form number must appear on each form submitted, in the lower left-hand corner of the first page.
- One of the options to change benefits is to change the benefit period. Please advise the minimum period available for selection.
- 2) The following concern applies to: A-LTCICHG
- Pursuant to 14 VAC 5-100-50 2, the full and proper corporate name of the insurer must prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications, and other forms required to be submitted.
- The form states that removal of the nonforfeiture rider is one of the available options. What will appear when an insured exercises his/her nonforfeiture benefit option?
- In regards to the statement of variability and the variability of the company name:
  - 1) Please advise how the company name is subject to change
- 2) The form indicates that there are three variable fields in relation to the company name; however, the Statement of Variability only identifies the company name as appearing in those fields. Please identify how variable fields identified as #CO NAME 1, #CO NAME 2, and #CO NAME 3 are subject to change.
- 3) The following applies to: 97045 VA
  - Please provide us with a statement of variability for form 97045 VA.
- For purposes of clarity and consistency with 14 VAC 5-200-185, please change the reference to contingent nonforfeiture benefit to contingent benefit upon lapse.

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Virginia

### Objection 2

State:

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form) Comments: In regards to the policyholder letter, please resolve the following concerns:

- 1) The letter indicates rates are being driven up as a result of the cost and frequency of long term care benefits. It is unclear, however, how this affects the rates. Please provide a more specific explanation that includes how the company's experience impacts the pricing trends which result in a rate increase. Keep in mind LTC is basically an indemnity benefit. For the average consumer who has never filed a claim and continues keep his policy in force by paying premiums, it is difficult to understand why his premium rate goes up when his benefit does not.
- 2) The applicable rate increases are dependent upon age, benefit and elimination period and most individuals will receive a 40% rate increase. However, there are scenarios the company has provided that indicate different rate increases may apply for individuals between the ages of 67 76 and those between ages 46 49 who have policies issued after 6/1/2001 with a 5 year benefit period and 90 day elimination period. Please develop paragraphs that can be inserted to address the different rate scenarios.
- 3) Regarding question # 8 in the Q&A, is it the company's intent to seek additional increases only if the experience is worse than projected or regardless of how it emerges? What is the trigger. Please expand the answer accordingly.
- 4) Regarding question #10 in the Q&A, does the company have a concern that some policyholders may feel they are being unfairly discriminated against, especially those at older ages? Should this answer not be expanded to specify the range of increases?
- 5) For compliance with 14VAC5-200 75 A 4 (b), please include a statement that indicates the insured has a right to a revised premium rate or rate schedule.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 05/28/2015 Submitted Date 05/28/2015

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your response to our request for changes in the policyholder letter.

The Virginia State Corporation Commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases. A summary of the new requirements are:

- The notice is required to be filed with the commission at the time the premium rate increase is filed;
- The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;
- The notice is required to include at least the following information:
- 1. All applicable information identified in 14VAC5-200-75 A;
- 2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
- a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
- b. A disclosure stating that all options available to the policyholder may not be of equal value;
- c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and
- d. Contact information that will allow the policyholder to contact the insurer for additional options available;
- 3. A clear identification of the driving factors of the premium rate increase; and
- 4. A statement substantially similar to the following:

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Because this rate filing remains under review, it is questionable the proposed rate increase would be approved prior to the revised regulations taking effect on policies renewing on or after September 1, 2015. As a result, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised. Because the letters must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance and a Readability Certification.

In regards to our previous concerns,

a) Please confirm a policyholder letter will be sent prior to each rate increase implementation.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

b) Please amend the Company Rate Information to reflect the rate increase of 36.4%. The maximum and minimum % changes should be corrected accordingly.

c) Please provide an updated rate comparison table A03 and A04 for each of the implementation periods.

Thank you for attachments regarding the company's process in amending the policy for changes in the benefits. It appears the company currently updates the policy schedule and sends a confirmation letter. The readability certification refers to Policy Form A-LTCICHG. Please provide us with a copy of that form and the SERFF tracking number and date of approval. Again, changes to the policy must be through an endorsement or amendment. It is unclear if this policy form fulfills this since the title indicates it is an Amendment Rider.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Disapproved
Objection Letter Date 01/27/2015
Submitted Date 01/27/2015

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

#### Objection 1

- Objection 5 Response (Supporting Document)

Comments: Thank you for submitting revised consumer letters as requested. According to your response, the company is willing to implement the rate increase in three phases: 11.7%, 11%, and 10%. As a result, we ask the letters be amended to indicate the overall rate increase is 36.4% (1.117x1.11x1.10) and will be implemented over a three year period. We have the following concerns with the letter:

- 1) The letter or the FAQ should be more specific as to why a rate increase is needed. The letter indicates the rising costs and frequency of claims are requiring a rate increase. Please expand that explanation so that the insured understands how that impacts his policy similar to what the company has stated in the narrative of the Rate Summary.
- 2) The revised letter indicates that depending on policy benefits, some policyholders will not receive all [total years] of increases. Please explain why this would occur.
- 3) Please provide a statement of variability so that we can understand what will appear in the initial letter and letters in subsequent vears.
- 4) Under the current selections, it includes the non-forfeiture rider. The letter states the person qualifies for a non-forfeiture benefit and their billing notice will provide additional detail. Please provide with a copy of such notice. Also, please clarify in the letter so that a person understands these are two separate options: the non-forfeiture rider that a person purchased and the contingent benefit upon lapse benefit that is being offered to those who did not purchase the rider and is now available. As a result, the response to question 6 in the FAQ should be revised as well to make this clear to the insured.
- 5) We note the company has indicated Long Term Care insurance premiums are not guaranteed and may increase. For compliance with the NAIC Bulletin, please indicate Long Term Care Insurance itself is guaranteed renewable although rates are not.
- 6) Under question 2 on the FAQ it is indicated the individual may remove the non-forfeiture benefit rider. Is this the only rider available on these policies? If not, we suggest this state that riders may be removed. Please keep in mind, the person does have the option to exercise the non-forfeiture benefit as an alternative for paying higher premiums in addition to deleting the rider.
- 7) Please provide a copy of this letter on the company's letterhead paper.

#### Objection 2

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

- Rate Tables, [97045, 99504, and 99505] (Rate)

Comments: Please amend the Rate/Rule Schedule to reflect the true overall percent rate increase of 36.4% if implemented over three years. The range would be 0% to 41.9% (1.126x1.124x1.121). Please provide rates for each implementation period.

Please amend the affected policy forms to match exactly as approved. Our records indicate the approved form numbers are: 97045VA.1, 99504VA, 99505.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Info has been requested from company

Objection Letter Date 08/14/2014 Submitted Date 08/14/2014

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

### Objection 1

- Objection 4 Response (Supporting Document)

Comments: Thank you for providing the Rate Summary and narrative. The purpose of the narrative is to briefly summarize key information used to develop he main drivers of the revised rates. The insured would have access to this form. Referring to this as "Consumer Talking Points" may be misleading and contains more information than what is required. We suggest that only the second paragraph which relates to the drivers of the increase be included and all other information should be removed.

### Objection 2

- Objection 4 Response (Supporting Document)

Comments: According to your comments, the company has indicated it is open to the method proposed in the NAIC Executive/Plenary bulletin regarding the contingent benefit upon lapse benefit. If that is the case, please provide a revised policyholder letter that is consistent with the bulletin's requirements including the contingent benefit upon lapse.

The reference to the guaranteed nature of the policy refers to the fact the policy is guaranteed renewable as long as premiums are paid in a timely fashion rather than premiums are not guaranteed for life. Please include this disclosure in the letter.

We agree item 2 in the FAQ indicates there are options available as an alternative to paying higher premiums. The letter should include the details that correspond to the insured's individual policy and explain how to make such changes.

The FAQ should also be amended regarding the Contingent Benefit Upon Lapse benefit.

It would appear from your response the company is willing to implement this increase over a three year period. If so, what implementation schedule would be offered? The policyholder letter would need to incorporate this information as noted in the bulletin.

Your previous response indicated a new schedule of benefits is sent to the insured when changes are made. Please provide evidence the policy was approved for such variability. If not, an endorsement will need to be created for review and approval and can be added to this filing or submitted as a new filing.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Janet Houser

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Virginia

# **Objection Letter**

Objection Letter Status Disapproved
Objection Letter Date 05/08/2014
Submitted Date 05/08/2014

Respond By Date

State:

Dear Samantha Knackmuhs,

#### Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

- 1.We do not understand the revised morbidity assumption. The actuarial memorandum states the source is the 2011 Milliman Cost Guidelines. "These claim costs ... were adjusted based on actual experience". The actual to expected experience supplied in your last response shows an overall fit of 95%. However, the fits by attained age, gender or durations are poor. Please confirm the expected basis reflects the revised assumptions including selection. We appreciate there are credibility issues in the splits, but we believe a much better fit could have been accomplished. For instance, for ages 70-79 you show more than \$160 million in claims, but the A to E (both genders combined) is 171%. Are we incorrectly interpreting the data you sent? We are concerned that the revised morbidity assumption is not a good reflection of expected future claim experience.
- 2. What was the expected loss ratio in the original filing of this form?
- 3. Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.
- 4. So that we may give this further consideration, please review the attached NAIC's Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response. Since this filing relates to pre-stability policies, please be sure to respond to the requirement to administer contingent benefit upon lapse, the application of new loss ratio standards, and if a single increase of the requested amount is approved, is the company agreeable to not implement future rate increases for the next three years? Is the company is willing to consider implementing an increase over a three year period? Is so, what rate implementation schedule would be needed?
- 5. This bulletin also has requirements for policyholder letters. Based on that, please amend the letter or respond to the following:
- a) Provide clear disclosure the guaranteed nature of the policy
- b) Please clarify if the contingent benefit after lapse is compliant with the bulletin and the trigger requirements.
- c) Available benefit reduction/rate increase mitigation actions are included in the letter
- d) Offer of contingent benefit upon lapse
- 6. Previously you indicated that new forms are not used to amend coverage; the premium is adjusted on the current form. Please clarify. Does the company send the insured a new schedule of benefits that reflects the changes in the benefits and in the premium? Please provide evidence this policy was approved with this type of variability.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Thank you for your courtesy and consideration in this matter.



# Health Insurance Rate Request Summary Part 1 – To Be Completed By Company

Common Name and NAIC Name by	
Company Name and NAIC Number:	
SERFF Tracking Number:	
Effective Date:	
(Projected) Number of Insureds Affected: New Rates	y Mambau
Average Annual Premium Pe	r Member: [
Revised Rates	
Average Annual Premium Pe	Member:
Average Requested Percenta	ge Rate Change Per Member:
Minimum Requested Percent	age Rate Change Per Member:
Maximum Requested Percen	tage Rate Change Per Member:
Plans Affected (The Form Number and "Product Nar	ne")
Form#	"Product Name"(if applicable)

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

### **MODEL BULLETIN**

DATE: [Insert Date]

TO: All Licensed Insurers Writing Long-Term Care Insurance

FROM: [Insert Name & Title]

RE: Announcement of Alternative Filing Requirements for Long-Term Care Premium

Rate Increases

Effective [insert date three (3) months after issuance of this bulletin], the following guidelines will be used in the review of pre-rate-stability and post-rate-stability premium rate adjustment filings for long-term care insurance policies. The intent of this bulletin is to address rate increases for long-term care insurance policies currently in force, in particular pre-rate-stability policies.

For purposes of this bulletin, "rate stability" is defined as provisions contained in the 2000 NAIC Long-Term Care Insurance Model Regulation (Model 641) as adopted by [insert state name] on [insert date of adoption of Section 20 et al]. Policies with effective dates prior to [insert rate stability adoption date] are referred to as "pre-rate-stability" policies, and policies with effective dates on or after [insert rate stability adoption date] are referred to as "post-rate-stability" policies.

**Drafting Note:** States may need to consider whether their state rules allow these provisions to be issued as a bulletin, or whether some or all of these provisions may require adoption through other state regulatory procedures.

### **Actuarial Assumptions for Establishing Rate Increase Requests:**

When rate adjustments are filed with the [Department] for both pre-rate-stability and post-rate-stability policy forms, it is the intent of the [Department] to work with the insurer, to the extent appropriate, to review the reasonableness of the set of assumptions by which to determine the rate increase(s) necessary to reach adequate ultimate premiums and that can be used to monitor developing experience. When disclosing assumptions to the [Department], the insurer will provide the resulting rate revision request at the same time so that the [Department] may include this in their review.

In assessing these assumptions as proposed by the insurer, the [Department] may use the services of an independent actuary and, if appropriate under state law, may charge the insurer for the costs of these services. The [Department] may also accept a review done by or for another state or states for the same or substantially the same policy form where any differences in benefits and premiums are not material and such review was completed within eighteen months of the date of the rate adjustment filing and such review substantially complies with the [Department]'s rate review standards.

The assumptions will be consistent with the following:

- 1. All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves. The actuary shall disclose as part of the actuarial memorandum the use of any averages.
- 2. All accumulated values used to determine rate increases shall use the actual experience of the product in as close a manner to that used in the original development of rates as possible. This is not intended to preclude the inclusion of multiple policy forms into one rate increase determination if such pooling increases the credibility of the combined accumulated experience.
- 3. All present values calculated to determine rate increases shall use reasonable estimates of future premium payments and claims payments. Such estimates are to be part of the assumptions as anticipated above and, for post-rate-stability policies this would include a margin for moderately adverse experience, while for pre-rate-stability policies, this would be based on best estimate assumptions for the future lifetime of the policies, including potential margins.

**Drafting Note:** While not limiting each state's authority with respect to the approval of rate increases, the intention of the development of a set of assumptions is to increase the uniformity and fairness of premium rate schedule changes for all policyholders regardless of the state of issue of each policy or the current state of residence.

### **Approval of Rate Increases:**

In approving rate increase requests for both pre-rate-stability policies and post-rate-stability policies consistent with the assumptions described in the section above, the [Department], with the concurrence of the insurer where such concurrence is appropriate, will determine ways in which the following may be included to benefit policyholders:

- 1. The [Department] may approve a single increase of the requested amount and the insurer agrees to not implement future rate increases on each subject policy for three years from the date of implementation of the rate increase for each policy form; or
- 2. In lieu of a single increase, the [Department] may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current rate increase filing. For pre-rate-stability policy forms, the approval includes a three-year monitoring provision similar to that currently applicable to post-rate-stability rate increases to allow modification of later increases that were not appropriate based on the experience following the initial rate increase. When determining the rate comparison for new business, forms subject to a series of increases shall not be included.

### Requirement to Administer Contingent Benefit Upon Lapse:

For pre-rate-stability policies, the [Department] will require the implementation of the contingent benefit upon lapse<sup>1</sup> as outlined below, as a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required. The contingent benefit upon lapse is already required for post-rate-stability policies.

For both pre-rate-stability and post-rate-stability policies, if the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required<sup>2</sup> to include contingent benefit upon lapse at the time of each scheduled increase.

For policies or certificates which have reached their twentieth duration, the [Department] may require the insurer to provide the contingent benefit upon lapse<sup>3</sup> without reference to the table of trigger percentages. For policies which have not reached their twentieth duration, any percentage value in excess of 100% will be reduced to 100%.

The insurer shall notify policyholders and certificate holders of the contingent benefit upon lapse when required by the [Department] in conjunction with the implementation of a rate increase.

### **Policyholder Notification of Premium Increase:**

The insurer shall file with the [Department] the premium increase notification letter to policyholders at the time of the premium rate increase for informational purposes. The insurer shall clearly disclose to policyholders the following elements:

- 1. the amount of the premium rate increase requested and implementation schedule (e.g., single premium increase applied or phased in a series of premium increases);
- 2. available benefit reduction/rate increase mitigation actions;
- 3. clear disclosure addressing the guaranteed renewable nature of the policy/coverage and that the insured should understand that premium rates may increase again in the future; and
- 4. offer of contingent benefit upon lapse, if applicable.

### **Application of New Loss Ratio Standards:**

The [Department] will require the insurer to limit the increase based on the use of a dual loss-ratio approach for pre-rate-stability policy forms. The recommended loss-ratio would be:

<sup>&</sup>lt;sup>1</sup> A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

<sup>&</sup>lt;sup>2</sup> Any such additional requirements, with respect to contingent benefit upon lapse, shall not change the determination of whether or not a majority of policies or certificates are eligible for contingent benefit upon lapse.

<sup>3</sup> A contrary of the description of the description

<sup>&</sup>lt;sup>3</sup> A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

- the greater of 60% or the lifetime loss ratio used in the original pricing, applied to the current rate schedule on the effective date of these new requirements; plus
- 80% applied to any premium increase that is filed after that date on an individual policy form; or
- 75% applied to any premium increase that is filed on a group policy form.

For post-rate-stability policy forms, the current loss-ratio standards are unchanged.

### **Consideration of New Approaches:**

At the request of the insurer, the [Department] may also consider other options which may be made available to insureds which may mitigate the impact of the rate increases on the insured population or alternative actuarial methodologies relating to the rate increase. The insurer shall provide an explanation and demonstration on how such methodology is actuarially justified and/or how such new mitigation option may reasonably benefit insureds. No alternative method/approach may be used until it has been accepted by the [Department].

(INSERT COMMISSIONER NAME) (INSERT COMMISSIONER TITLE) (INSERT STATE NAME)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Disapproved
Objection Letter Date 03/05/2014
Submitted Date 03/05/2014

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions provided in the attachment (Due to system restraints, we could not provide this information in the objection letter because of the inclusion of charts).

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Janet Houser

- 1. The state grid of approvals shows Virginia as the only state where the first round of increase was not filed. Why is this?
- 2. We do not agree with your response to our request for additional information regarding the fit of the new mortality assumption to historical experience. On the one hand you argue that the durational factors are appropriate as "With over 15 years of LTCI experience, we feel that our mortality selection adjustments are appropriate." On the other hand "Given our limited mortality experience, we do not believe that breaking the mortality experience down into gender and attained age groups would provide credible information".

Please complete the following table:

Mortality Actual to Expected Analysis									
		Male		Female					
	Exposure	Deaths		Exposure	Deaths				
Attained Age		Actual	Expected		Actual	Expected			
50-59									
60-69									
70-79									
80-89									
90+									

The expected deaths should recognize the selection factors.

3. We do not agree with your response to our request for an Actual to Expected morbidity analysis, where the Expected is the revised claim cost assumption. You state "Given our limited morbidity experience...", but this form alone has almost \$300 million in incurred claims. That is not limited experience. Please complete the following tables, using claim counts and life years as the measure:

**Morbidity Actual to Expected Analysis** 

	Male	Female		
Exposure	Claims	Exposure	Claims	

Attained Age	Actual	Expected	Actual	Expected
50-59				
60-69				
70-79				
80-89				
90+				

Morbidity Actual to Expected Analysis									
	Exposure Claims								
Policy Duration	Exposure	Actual	Expected						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10+									

4. We reviewed your historical and projected experience. Please explain the pattern of earned premiums on a nationwide basis:

Premiums without the Increase						
Year	Earned Premium	Premium Persistency				
2009	56,362,259					
2010	54,918,024	0.974				
2011	53,503,183	0.974				
2012	52,104,022	0.974				
2013	52,517,545	1.008				
2014	52,791,155	1.005				
2015	51,357,965	0.973				

The 2013 and 2014 premiums are up slightly, presumably due to the prior round of rate increase. However, using the state grid you provided, we found the first round of increases should be worth \$9.3 million of increased premium. This should increase the earned premium by roughly 18%. Looking at the premium persistency in 2013 and 2014, the increase appears to be only 6%. Your response also stated you "have not seen evidence of shock lapses". We believe your projected premium is light by about \$6 million per year, as it does not appear to fully reflect the first round of rate increases. Please explain this inconsistency.

5. It is not a material consideration, but you stated waived premiums are included in both the earned premiums and incurred claims. However, your projections only have a single value for incurred claims. We would expect the incurred claims to be 1-2% higher for the projections with the rate increase as compared to the incurred claims for the projections without the rate increase.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status Disapproved
Objection Letter Date 01/23/2014
Submitted Date 01/23/2014

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

- 1. Does the Company have any other blocks of long term care insurance? Are they group or individual? What is your rationale for isolating this block for a rate increase?
- 2. Please give the range of issue dates on these policy forms on a nationwide basis.
- 3. The actuarial memorandum states "On May 9, 2000, we filed new rate tables to be used for new business on these forms. This change was implemented on June 1, 2001".
- a)Please confirm our understanding there have been no prior rate increases on existing insureds.
- b)How much of the current inforce business was issued on the original premium basis and how much on the revised premium basis? Provide the measure using policy counts and inforce premium. Provide this information on a nationwide basis and on a Virginia only business.
- c)What measures are you taking to ensure equity between the two groups pre and post issue dates of June 1, 2001? Are the post June 1, 2001 premium rates already higher than the pre June 1, 2001 premium rates? Are you asking for the same rate increase, ignoring the issue date?
- 4. The actuarial memorandum includes an exhibit showing the actual premiums, actual claims, actual loss ratio and expected loss ratio by policy duration. Please confirm our understanding that the expected loss ratio is based on the original pricing assumptions applied to the actual exposed premium.
- 5.In that same durational exhibit, the Actual to Expected ratio shows a steady increase by duration. Please confirm the expected loss ratio includes the effect of morbidity selection. This analysis suggests the slope of the morbidity is too flat. Are the revised morbidity claim costs steeper than the original claim costs?
- 6.Please resubmit the state approval grid with an additional column showing the inforce premium prior to any rate increases.
- 7. The premium rate increase request is based on revisions to the morbidity, mortality and lapse assumptions. Please quantify how much each of these variables contributes to the premium inadequacy. We appreciate there are co-dependencies so we are only requesting a ballpark estimate.
- 8. Provide more information on your lapse experience. The heading indicates it is nationwide experience and includes only the experience of this form.
- a) How did you address credibility in your analysis?
- b)Please provide the lapse experience of all your long term care business.
- c)Provide the original pricing assumption for lapses. Does the original assumption vary by anything other than duration?
- d)Provide the lapse assumption that was used to price policies after June 1, 2001.
- e)Expand the exhibit to show the lapses expected based on the original pricing assumption and the lapses expected under the June 1, 2001 pricing. The expected lapses should recognize all the pricing assumption variables.

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Virginia

State:

Provide more information on the mortality experience. Here the heading indicates you used experience from all forms.

- a)How did you address credibility in your analysis?
- b) Why did you use all forms for the mortality experience, but not for the lapse experience?
- c)Provide the original pricing assumption for mortality. Include the selection factors.
- d)Provide the mortality assumption used in the June 1, 2001 pricing. Include the selection factors.
- e)Provide an additional analysis showing the experience by gender and attained age groups. Include the exposures, the actual deaths, the expected deaths based on the original pricing assumption, the expected deaths based on the June 1, 2001 pricing assumption, and the expected deaths based on the current revised mortality assumption. The expected deaths should properly reflect the mortality selection factors.
- 10. Provide more detail on the morbidity experience.
- a)How did you address credibility in your analysis?
- b) What was the source for the original pricing assumption? What are the original selection factors in the original pricing?
- c)What was the source for the morbidity pricing assumption for the June 1, 2001 revised premiums? What are the selection factors used there?
- d)In general, compare the 3 sets of morbidity assumptions original pricing, June 1, 2001 revised pricing and current revised morbidity.
- e)Provide an analysis showing how well each of the 3 sets of assumptions fit the actual experience. The analysis should be by gender and attained age groups. Show the exposure, the actual claims, the expected claims using the original pricing assumptions, the expected claims using the June 1, 2001 assumptions, and the expected claims using the current revised assumptions.
- 11. We understand the net investment income rate used in the original pricing was 5.50%. But, what interest rate was used in the June 1, 2001 pricing?
- 12. The historical experience includes reserves for reported and unreported claims. Please provide the amounts held at year end 2012, for each calendar year of incurral, split between DLR and IBNR.
- 13.In the present value calculations of the financial exhibits, what assumption do you have for the timing of premiums and claims? Do you assume they all occur mid-year? To what date do you accumulate and discount? There appears to be an inconsistency. We attempted to match your present value calculations, with accumulating and discounting to December 31, 2012. In order to match your numbers we assumed past premiums occurred at the end of each calendar year, but claims occurred at the beginning of each calendar year. In order to match your numbers we assumed future premiums occurred at the end of each calendar year and future claims occurred at the end of each calendar year. Please check your present value calculations.
- 14.Do the projections include any margins for adverse deviation or are they truly on a best estimate basis?
- 15.Do any of the policies have rate guarantees? If so, please confirm these were properly reflected in the projections.
- 16.Are there any limited pay policies. If so, please confirm these were properly reflected in the projections. Please provide a distribution of these policies by the calendar year in which the policy becomes fully paid up.
- 17.The Virginia Bureau requires the loss ratio analysis reflect the active life reserves. Please provide these balances for each year end since inception. These reserves should be on a best estimate basis using realistic terminations, morbidity and interest. A good proxy would be GAAP basis reserves, if they are available. Statutory reserves with a reasonable adjustment factor are also acceptable.
- 18. How are waived premiums handled in the historical experience and projections? Are they included as both earned premium and incurred claims, or are they excluded from both?

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

19.Do the projections include any shock lapses and related anti-selection? If so, please quantify these. How did choose these assumptions? Do the projections reflect any benefit buy-downs by insureds who choose not to accept the full rate increase? Do the projections assume any insureds moving to nonforfeiture status? If so, please quantify these.

20. Please provide the following distributions of business of the inforce block. To clarify, we are requesting four separate distributions, not a 4-dimensional distribution.

a)By gender

b)By issue year

c)By attained age

d)By inflation protection option

21. According to the FAQ that is included with the policyholder letter, item 2 indicates there may be alternatives to paying higher premiums. If an insured makes such a decision, what forms are used to amend the existing coverage? If such forms have not already been reviewed and approved by the Bureau, this can be done either as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the forms are already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Janet Houser

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Objection Letter**

Objection Letter Status

Objection Letter Date

Disapproved

12/02/2013

Submitted Date

Disapproved

12/02/2013

Respond By Date

Dear Samantha Knackmuhs,

#### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

#### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Long Term care policies issued on or after October 1, 2003 are subject to the rate stabilization standards set forth in 14 VAC5-200-153. Issue dates prior to that date are subject to the loss ratio standards set forth in 14 VAC5-200-150. According to Actuarial Memorandum, these forms were marketed between November 20, 2002 and February 1, 2008. As a result, the company will need to demonstrate compliance with both 14 VAC5-200-150 and 14 VAC5-200-153.

# Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Of the 1,142 policyholders, how many of those contracts were issued prior to October 1, 2003?

Does the company have any open blocks of long term care business? If so,

(1)How do the proposed rates compare with the new rates for same ages and benefits, and

(2) Has consideration been given to allowing policyholders in this block to exchange their policy for one in the open block(s) without evidence of insurability?

What steps has the company taken to minimize rate increases on this block of business?

Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

Please complete the attached Rate Summary form providing a brief summary of the key information including the main drivers used to develop the rates. Our expectation would be that the form would put into consumer friendly language a summary of the information contained in the Actuarial Memorandum that provides a clear explanation of the justification of the rate increases. The Actuarial Memorandum states the higher loss ratios are the result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs. Please explain each of these factors and how each contributes to the rate increase requested in terms the consumer will understand.

#### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: For the pre-rate stabilization policies, please provide additional following information:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance
Project Name/Number: 2013 VA LTCI 97045 Series/

All information required by 14 VAC5-130-70 based on the national and Virginia only experience separately. Since no policies would have been issued prior to November 20, 2002, why does experience include information prior to that date? Experience exhibits should include earned premium, paid claims, incurred claims and loss ratio from the date of the forms inception through the most recent date that information is available.

Justification for all assumptions used in the projections.

Include an actual to expected analysis based on the original assumptions.

An explanation of the reserve basis and justification for the reserve levels provided.

The anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

Re-state the nationwide experience using Virginia approved rates.

Explain what, if any margins are included in the proposed rates to ensure that future rate increase will be needed presuming the experience develops as projected.

Provide sufficient detail or documentation so that any projections can be recreated. Please submit exhibits in an excel format which will allow us to speed up our review of the submission.

Please state the interest rate originally assumed in the determination of the premium stated. If greater than the discount rate used in the projections, please revise the projections by using the original rate.

#### Objection 4

- Rate Tables, [97045 Series] (Rate)

Comments: On the Rate/Rule Schedule, please make the following changes:

All affected form numbers should be listed and separated by commas: 97045, 99504, and 99505.

Please replace the attachments with PDF files for protection purposes.

Move the current rate tables to Supporting Documentation. Only rates that are being approved should be listed under the Rate/Rule tab in SERFF.

#### **Objection 5**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a copy of the letter that will be sent to Virginia policyholders offering options to reduce the daily benefit amount or period, increase the elimination period or remove the optional rider. The Bureau would expect the letter to include following key points:

- 1) The explanations of the rate increases and accompanying factors are clear
- 2)Options are clearly and specifically stated rather than indicating the insured should contact the company for more information if interested in changes
- 3) Specific premium amount and effective date for such are clearly stated
- 4) If the company expects future rate increases, such should be clearly communicated

If a FAQ is included in the letter, please provide us a copy.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

Prior to approving the proposed rate increase, forms used to amend existing coverage will need to be filed for review and approval. If forms are not already approved, this can either be done as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the forms are already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval.

#### Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely, Janet Houser



# Health Insurance Rate Request Summary Part 1 – To Be Completed By Company

Common Name and NAIC Name by	
Company Name and NAIC Number:	
SERFF Tracking Number:	
Effective Date:	
(Projected) Number of Insureds Affected: New Rates	y Mambau
Average Annual Premium Pe	r Member: [
Revised Rates	
Average Annual Premium Pe	Member:
Average Requested Percenta	ge Rate Change Per Member:
Minimum Requested Percent	age Rate Change Per Member:
Maximum Requested Percen	tage Rate Change Per Member:
Plans Affected (The Form Number and "Product Nar	ne")
Form#	"Product Name"(if applicable)

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 05/03/2016 Submitted Date 05/03/2016

Dear Janet Houser,

Introduction:

# Response 1

#### Comments:

A final version of the letter has been attached and the marked-up version has been moved to Supporting Documentation, #14 Objection Response 04/04/2016.

### Related Objection 1

Applies To:

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

Comments: Please attach a final version of the letter in accordance with 14 VAC5-100-50 and move the marked-up form to Supporting Documentation.

# Changed Items:

Supporting Document Schedule Item Changes				
Satisfied - Item:	#14 Objection Response 04/04/2016			
Comments:				
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf 97045 VA Policyholder Letter revised.pdf			
Previous Version				
Satisfied - Item:	#14 Objection Response 04/04/2016			
Comments:				
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf			

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Form Sch	Form Schedule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Туре	Action	Data	Score	Attachments	Submitted
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	OTH	Other		42.400	97045 VA Policyholder Letter - Final.pdf	Date Submitted 05/03/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Policyholder Letter revised.pdf	Date Submitted: 04/20/2016 By: Elena Olivei
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Policyholder Letter.pdf	Date Submitted. 03/24/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted. 02/23/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted. 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

# Response 2

#### Comments:

The Policy Schedule has been amended.

# Related Objection 2

Applies To:

- #14 Objection Response 04/04/2016 (Supporting Document)

Comments: Thank you for providing an updated Policy Schedule as requested. Our only concern is that the schedule includes the form number in brackets. There is no explanation on the Statement of Variability. Since this form is specific to this particular policy, the form number should not be bracketed nor be variable. Please amend.

# Changed Items:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes				
Satisfied - Item:	#14 Objection Response 04/04/2016			
Comments:				
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf 97045 VA Policyholder Letter revised.pdf			
Previous Version				
Satisfied - Item:	#14 Objection Response 04/04/2016			
Comments:				
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf			

Supporting Document Schedule Item Changes				
Satisfied - Item:	#14 Objection Response 04/04/2016			
Comments:				
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf 97045 VA Policyholder Letter revised.pdf			
Previous Version				
Satisfied - Item:	#14 Objection Response 04/04/2016			
Comments:				
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf			

Satisfied - Item:	#15 Objection Response 05/03/2016
Comments:	
Attachment(s):	Policy Schedule.pdf Virginia - Actuarial Memorandum and Certification v3.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

# Response 3

#### Comments:

Section XV has been revised to include the requested wording.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Certification does not contain all the elements as set forth in 14VAC5-130-70 B 14 which states "Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided."

Please amend the certification accordingly.

# Changed Items:

Supporting Document Schedule Item Changes			
Satisfied - Item: #15 Objection Response 05/03/2016			
Comments:			
Attachment(s):	Policy Schedule.pdf Virginia - Actuarial Memorandum and Certification v3.pdf		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Conclusion:

We have incorporated all of the changes you have requested. In light of that, we respectfully ask that you approve this increase Sincerely,

Elena Oliver

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 04/07/2016 Submitted Date 04/20/2016

Dear Janet Houser,

Introduction:

### Response 1

#### Comments:

97045 VA Customer Letter has been revised to include requested changes.

### Related Objection 1

Applies To:

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

Comments: In a final review of the letter, it does not appear the letter is completely compliant with 14VAC5-100-50 2 which requires the full and proper corporate name of the insurer shall prominently appear on the form. The letter also references the company using its trademark designation. While we do not have concern with this format, the letter should explain that the corporate name may be referred to as such. Our concern would be resolved if the first sentence of the letter were stated as As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs."

The description of the contingent nonforfeiture benefit technically satisfies 14 VAC 5-200-185 E 3, however, the language could be clearer. The letter states The paid-up policy based on premiums paid to date will be no less than 30 times the daily nursing home benefit at the time of lapse. As a suggestion, it would be clearer if the letter stated that the paid-up benefit will equal 100% of the sum of all premiums paid but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefit which would have been payable in the policy remained in premium paying status.

The company states in the letter that the company anticipates seeking further rate increases in the future as experience continues to emerge. The FAQ is somewhat more detailed and states in Question 8: "Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission)." Please expand the sentence in the letter for consistency with the explanation provided in Question 8.

# Changed Items:

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

State:

Virginia

Supporting Document Schedule Item Changes			
Satisfied - Item:	#14 Objection Response 04/04/2016		
Comments:			
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf		

Filing Company:

State Farm Mutual Automobile Insurance Company

Form Sch	Form Schedule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Type	Action	Data	Score	Attachments	Submitted
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Policyholder Letter revised.pdf	Date Submitted: 04/20/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase		OTH	Other		42.400	97045 VA Policyholder Letter.pdf	Date Submitted: 03/24/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Ve	Previous Version							
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

# Response 2

#### Comments:

The following wording has been added to the Schedule of Benefits: "This schedule replaces any prior schedule as of MM/DD/YR" An updated Statement of Variability for Schedule of Benefits has been attached with this response.

# Related Objection 2

Applies To:

- #13 Objection Response 03/22/2016 (Supporting Document)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments: Your response regarding the Schedule of Benefits does not resolve our previous objection regarding how the policy is updated. The Bureau does not have an issue with a revised Schedule of Benefits being used for this purpose. We appreciate the fact a transmittal letter is sent advising the insured to replace the current schedule with the revised one. To resolve our objection, the revised schedule, itself, must have some kind of indication that a change in the policy has occurred. Again, we request variable wording be used such as indicating this schedule replaces any prior schedule as of MM/DD/YR, and such variability be noted on a Statement of Variability when such language will appear.

# Changed Items:

Supporting Document Schedule Item Changes			
Satisfied - Item:	#14 Objection Response 04/04/2016		
Comments:			
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf		

Form Sche	Form Schedule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Туре	Action	Data	Score	<b>Attachments</b>	Submitted
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Policyholder Letter revised.pdf	Date Submitted: 04/20/2016 By: Elena Oliver
Previous Vei	rsion							
1	Policyholder Notification Letter for Rate Increase		OTH	Other		42.400	97045 VA Policyholder Letter.pdf	Date Submitted: 03/24/2016 By: Elena Oliver
Previous Vei	rsion							
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Vei	rsion							
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

### Conclusion:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Sincerely, Elena Oliver

Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance Project Name/Number: 2013 VA LTCI 97045 Series/

# **Response Letter**

State:

Response Letter Status Submitted to State

Response Letter Date 03/23/2016 Submitted Date 03/24/2016

Dear Janet Houser,

Introduction:

# Response 1

#### Comments:

A copy of the policyholder letter has been attached to the Form Schedule for review and approval.

A-LTCICHG form has been moved from the Form Schedule to Supporting Documentation.

When a policy change is made, an updated policy schedule is sent along with the Transmittal Letter that states the following: "Please be sure to replace the policy schedule (currently with your policy) with this new, updated one, together with any accompanying endorsements. Your policy will then reflect your current Health Insurance benefits". A copy of the Transmittal Letter has been provided with this response.

# Changed Items:

Supporting Document Schedule Item Changes				
Satisfied - Item:	#13 Objection Response 03/22/2016			
Comments:				
Attachment(s):	A-LTCICHG.pdf Statement of Variability for Policy Schedule.pdf Transmittal Letter.pdf			

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Form Sched	lule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Type	Action	Data	Score	<b>Attachments</b>	Submitted
1	LONG-TERM CARE COVERAGE CHANGE	A-LTCICHG	OTH	Other		65.200		Date Submitted: 03/24/2016 By: Elena Oliver
Previous Vers	sion							
1	LONG-TERM CARE COVERAGE CHANGE	A-LTCICHG	ОТН	Other		65.200	A-LTCICHG.pdf	Date Submitted: 06/09/2015 By: Elena Oliver
2	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	OTH	Other		42.400	97045 VA Policyholder Letter.pdf	Date Submitted: 03/24/2016 By: Elena Oliver
Previous Vers	sion							
2	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Vers	sion							
2	Policyholder Notification Letter for Rate Increase		OTH	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

# Conclusion:

Sincerely,

Elena Oliver

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 03/17/2016 Submitted Date 03/17/2016

Dear Janet Houser,

Introduction:

### Response 1

#### Comments:

If approved, the full 40% maximum increase would be implemented in parts over 3 years. The average increase in year one would be 11.7%, with actual increases ranging from 0% to 12.6%. The average increase in year two would be 11%, with actual increases ranging from 0% to 12.4%. The average increase in year three would be 10%, with actual increases ranging from 0% to 12.1%.

Assuming a 2 year benefit period, 30 day elimination period, standard rates:

A policyholder with an issue age of 45 will receive a rate increase of 11.8% in year 1, 11.9% in year 2, and 11.8% in year 3. A policyholder with an issue age of 73 will receive a rate increase of 12% in year 1, 1.7% in year 2, and will not receive a rate increase in year 3.

The overall percentage rate impact over all three years would be an average 36.4%. A detailed breakdown by issue age has been provided in exhibits titled "Rate Table Comparison" for each year of the rate increase.

# Changed Items:

Supporting Document Schedule Item Changes					
Satisfied - Item:	#12 Objection Response 03/17/2016				
Comments:					
Attachment(s):	Rate Table Comparison - A91 vs A01 - Prior to June 1, 2001 - Year 1.pdf Rate Table Comparison - A92 vs A91 - Prior to June 1, 2001 - Year 2.pdf Rate Table Comparison - A03 vs A92 - Prior to June 1, 2001 - Year 3.pdf Rate Table Comparison - A94 vs A02 - On or After to June 1, 2001 - Year 1.pdf Rate Table Comparison - A95 vs A94 - On or After to June 1, 2001 - Year 2.pdf Rate Table Comparison - A04 vs A95 - On or After to June 1, 2001 - Year 3.pdf				

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Conclusion:

Sincerely,

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Elena Oliver

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 03/16/2016 Submitted Date 03/16/2016

Dear Janet Houser,

Introduction:

### Response 1

#### Comments:

We agree to put the form number at the lower left corner of the first page to comply with Chapter 100 of the Code of Virginia and no longer request an exemption from the rule.

The SOV has been amended to include the ranges for the daily benefit amount, elimination period and inflation protection. The reference to the 2013 NAIC Model Bulletin has been removed as requested.

Thank you for your continued time in reviewing this filing.

# Changed Items:

Supporting Document Schedule Item Changes				
Satisfied - Item:	Statement of Variability for 97045 VA (#11 Objection Response 03/14/2016)			
Comments:				
Attachment(s):	Statement of Variability for 97045 VA Policyholder letter.pdf			

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Conclusion:

Sincerely,

Flena Oliver

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 02/22/2016 Submitted Date 02/23/2016

Dear Janet Houser,

Introduction:

Response 1

Comments:

Please see the attached objection response

# Changed Items:

Supporting Document Schedule Item Changes				
Satisfied - Item:	#10 Objection Response 02/22/2016			
Comments:				
Attachment(s):	Objection Response.pdf			

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Elena Oliver

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 02/18/2016 Submitted Date 02/23/2016

Dear Janet Houser,

Introduction:

# Response 1

#### Comments:

Please see the attached objection response

# Related Objection 1

Applies To:

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments: There are a number of concerns with the policyholder letter that need to be addressed:

- 1) The company has requested an exemption to placing a form number on the first page of the policyholder letter due to system constraints and has indicated the form number could be added to the last page of the letter. The Virginia Bureau of Insurance understands that requiring policyholder notifications to be filed is a new requirement effective September 1, 2015. As a result, the company will need to make such a change either now or in the future for compliance with Chapter 100 of the Code of Virginia. What is the company's intent going forward?
- 2) Thank you for including the language that all options may not be of equal value. Because this is a "disclosure", such language should be emphasized to bring attention to it. For example, the language could be bolded, highlighted or appear in larger print. Please advise the insured that similar options would be available in the event of a future rate increase for compliance with 14VAC5-200-75 A 2 and that benefit changes may be made at any time and not just at the time of a rate increase.
- 3) The paragraph stating the premium increase may be financially difficult should clearly state that changes in the policy's current benefits maybe used to reduce the rate increase.
- 4) The Contingent Benefit Upon Lapse paragraph should be restated to say the paid up value is based on the premium paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; but in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.
- 5) Please add to the last sentence under item 3 of the Questions and Answers "subject to review and approval by the Virginia State Corporation Commission."
- 6) Although we appreciate the challenges noted in your response to objection two, item two, such information is required in the notification pursuant to subsection A 3 and A 4 of 14 VAC5-200-75. So that the applicable information is provided, the company should consider including sufficient variability in the letter to address the different scenarios.

In addition, the paragraph regarding the implementation should contain appropriate variability since the company has indicated in some cases the increase will be a single increase (for those receiving 10% or less) or will be implemented over a period of three years. According to the paragraph, the number of increases is based on the policy's current benefit selections. This statement should be revised or removed as the implementation is based on the overall rate increase. Please expand the paragraph include the amount of the each rate increase for each period in addition to the overall rate increase with the appropriate effective dates.

- 7) The letter must contain the full and proper name of the insuring company, State Farm Mutual Automobile Insurance Company, for compliance with 14VAC5-100-502. Please amend the letter accordingly.
- 8) Since the majority of policyholders are receiving the proposed rate increase over a three year period, please indicate in item 8 under the Questions and Answers that the company will not seek an additional increase during this period.
- 9) Thank you for revising the reason for the rate increase. As an observation, we suggest adding the wording "including State Farm" to the end of the sentence beginning with "These trends have led...". To clearly emphasize the reason for the rate increase, we suggest the wording of the last sentence be expanded as follows: "As a result, your

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schodule Item Changes

State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims."

10) Item 2 under the Questions and Answers suggests removing the non-forfeiture benefit rider. The insured would also have the option of exercising that option and should be advised of such.

In our previous objection letter we asked what will appear when the insured exercises his/her nonforfeiture benefit option. The company states the offer would be on the Billing Statement. We apologize our question was not clear. How is the policy amended if the insured exercises this option? Providing information on the Billing Statement does not satisfy the requirements as forth in 14VAC5-200-75 D for the policyholder communication. The billing statement is not subject to review and approval by the Bureau; the notice, however, is and that is why the policyholder communication must contain all the appropriate information.

11) Please attach the revised letter to the Form Schedule in SERFF rather than in Supporting Documentation.

#### Changed Items:

Comments:

Supporting Document 3	apporting bocument schedule item changes				
Satisfied - Item:	#9 Objection Response 01/12/2016				
Comments:					
Attachment(s):	Objection Response.pdf				
<b>Supporting Document S</b>	Schedule Item Changes				
Satisfied - Item:	#9 Objection Response 01/12/2016				

Attachment(s):	Objection Response.pdf
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Schedule of Benefits p.3. Effective 1997 pdf

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes					
#9 Objection Response 01/12/2016					
Objection Response.pdf					
Original Schedule of Benefits (#9 Objection Response 01/12/2016)					
Schedule of Benefits p.3, Effective 1997.pdf					
Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)					
Statement of Variability for A-LTCICHG.pdf					

Supporting Document So	Supporting Document Schedule Item Changes				
Satisfied - Item:	#9 Objection Response 01/12/2016				
Comments:					
Attachment(s):	Objection Response.pdf				
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)				
Comments:					
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf				
Satisfied - Item:	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)				
Comments:					
Attachment(s):	Statement of Variability for A-LTCICHG.pdf				
Satisfied - Item:	Statement of Variability for 97045 VA (#9 Objection Response 01/12/2016)				
Comments:					
Attachment(s):	Statement of Variability for 97045 VA Policyholder Letter.pdf				

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Form Schedule Item Changes								
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Туре	Action	Data	Score	Attachments	Submitted
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Version	Previous Version							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

#### Response 2

#### Comments:

Please see the attached objection response

# Related Objection 2

Applies To:

- Statement of Variability Form 97045 VA ((#8 Objection Response 06/18/2015) (Supporting Document)

Comments: The Contingent Benefit Upon Lapse paragraph is in brackets in the policyholder letter; however, the Statement of Variability does not indicate when this paragraph will or will not appear in the letter. Please clarify.

Item 6 under the Questions and Answers states a person may also be eligible for a contingent benefit upon lapse. If you qualify, you'll be notified on your billing statement. This does not satisfy the requirements as set forth in 14VAC5-200-150 D.

Since we have requested changes in paragraphs 3 and 4 of the letter, please review the Statement of Variability to ensure the explanations correspond with any bracketed information in the letter.

# Changed Items:

Supporting Document Schedule Item Changes				
Satisfied - Item:	#9 Objection Response 01/12/2016			
Comments:				
Attachment(s):	Objection Response.pdf			

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes			
Satisfied - Item:	#9 Objection Response 01/12/2016		
Comments:			
Attachment(s):	Objection Response.pdf		
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)		
Comments:			
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf		

<b>Supporting Document So</b>	Supporting Document Schedule Item Changes				
Satisfied - Item:	#9 Objection Response 01/12/2016				
Comments:					
Attachment(s):	Objection Response.pdf				
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)				
Comments:					
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf				
Satisfied - Item:	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)				
Comments:					
Attachment(s):	Statement of Variability for A-LTCICHG.pdf				

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

<b>Supporting Document Schedule I</b>	tem Changes
Satisfied - Item:	#9 Objection Response 01/12/2016
Comments:	
Attachment(s):	Objection Response.pdf
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf
Ostisfied House	01 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
Satisfied - Item:	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Statement of Variability for A-LTCICHG.pdf
O. C. C. L. K	0
Satisfied - Item:	Statement of Variability for 97045 VA (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Statement of Variability for 97045 VA Policyholder Letter.pdf

Form Schedule	Form Schedule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Туре	Action	Data	Score	Attachments	Submitted
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Version	Previous Version							
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

# Response 3

#### Comments:

Please see the attached objection response

# Related Objection 3

Applies To:

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Virginia

# - LONG-TERM CARE COVERAGE CHANGE, A-LTCICHG (Form)

Comments: Thank you for providing us with revised form; however, the forms must be attached to the Form Schedule in order for us to continue our review.

Based on previous correspondence, if the insured makes a benefit change, this letter would be sent with an updated Schedule of Benefits. Is form A-LTCICHG to be attached and become a part of the policy?

If the letter does not become a part of the contract, the letter does not need to be moved to the Form Schedule. If it does become a part of the contract, the letter should clearly state this such.

The company stated an updated Schedule of Benefits is sent with the letter. Does the schedule indicate a new effective date? If so, did the original schedule contain the appropriate variability to capture a change in the effective date due to a change in the benefits? If not, the original statement of variability for the Schedule of Benefits should be amended accordingly.

# Changed Items:

State:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection Response 01/12/2016	
Comments:		
Attachment(s):	Objection Response.pdf	

Supporting Document Schedule Item Changes				
Satisfied - Item:	#9 Objection Response 01/12/2016			
Comments:				
Attachment(s):	pjection Response.pdf			
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)			
Comments:	Original Schedule of Benefits (#9 Objection Response 01/12/2010)			
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf			

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes				
#9 Objection Response 01/12/2016				
Objection Response.pdf				
Original Schedule of Benefits (#9 Objection Response 01/12/2016)				
Schedule of Benefits p.3, Effective 1997.pdf				
Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)				
Statement of Variability for A-LTCICHG.pdf				

Supporting Document So	hedule Item Changes
Satisfied - Item:	#9 Objection Response 01/12/2016
Comments:	
Attachment(s):	Objection Response.pdf
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf
Satisfied - Item:	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Statement of Variability for A-LTCICHG.pdf
Satisfied - Item:	Statement of Variability for 97045 VA (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Statement of Variability for 97045 VA Policyholder Letter.pdf

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Form Sched	ule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Туре	Action	Data	Score	Attachments	Submitted
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Versi	ion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

#### Response 4

#### Comments:

Please see the attached objection response

# Related Objection 4

Applies To:

- LONG-TERM CARE COVERAGE CHANGE, A-LTCICHG (Form)

Comments: Thank you for your response regarding the minimum benefit period available for selection; however, we have an additional concern. The Benefit Period is indicated as a variable selection. As such the benefit period should be identified in the Statement of Variability. The description of variability should include the minimum and maximum values.

# Changed Items:

No Supporting Documents changed.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Form Schedule	Form Schedule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Туре	Action	Data	Score	Attachments	Submitted
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Version	Previous Version							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

# Response 5

#### Comments:

Please see the attached objection response

# **Related Objection 5**

Applies To:

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

Comments: Thank you for providing us with the Statement of Variability (SOV) for form 97045 VA; however, the SOV identifies policy form number 97045 VA as a hospital indemnity policy. Please advise how this applies to this long-term care filing. If not, please revise the SOV.

# Changed Items:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection Response 01/12/2016	
Comments:		
Attachment(s):	Objection Response.pdf	

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes			
Satisfied - Item:	#9 Objection Response 01/12/2016		
Comments:			
Attachment(s):	Objection Response.pdf		
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)		
Comments:			
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf		

Supporting Document Schedule Item Changes						
Satisfied - Item:	#9 Objection Response 01/12/2016					
Comments:						
Attachment(s):	Objection Response.pdf					
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)					
Comments:						
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf					
Satisfied - Item:	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)					
Comments:						
Attachment(s):	Statement of Variability for A-LTCICHG.pdf					

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes							
Satisfied - Item:	#9 Objection Response 01/12/2016						
Comments:							
Attachment(s):	Objection Response.pdf						
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)						
Comments:							
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf						
Satisfied - Item:	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)						
Comments:							
Attachment(s):	Statement of Variability for A-LTCICHG.pdf						
Satisfied - Item:	Statement of Variability for 97045 VA (#9 Objection Response 01/12/2016)						
Comments:							
Attachment(s):	Statement of Variability for 97045 VA Policyholder Letter.pdf						

Form Schedule Item Changes											
Item	Form	Form	Form	Form	Action Specific	Readability					
No.	Name	Number	Туре	Action	Data	Score	Attachments	Submitted			
1	Policyholder Notification Letter for Rate Increase		OTH	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver			
Previous Version											
1	Policyholder Notification Letter for Rate Increase		ОТН	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver			

No Rate/Rule Schedule items changed.

# Conclusion:

Sincerely,

Elena Oliver

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 12/23/2015 Submitted Date 12/23/2015

Dear Janet Houser,

Introduction:

# Response 1

#### Comments:

Please see the attached objection response. Additionally, the items requested in the 'Statement of Variability, Certificate of Compliance and Readability' and 'Updated Status' note to filer received on 6/10/15 and 9/18/15 have also been provided.

# Related Objection 1

Applies To:

- LONG-TERM CARE COVERAGE CHANGE, A-LTCICHG (Form)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments: Please address the concerns noted below in regards to the policy forms:

- 1) The following applies to both forms: A-LTCICHG and 97045 VA
- Pursuant to 14 VAC 5-100-50 1, the form number must appear on each form submitted, in the lower left-hand corner of the first page.
- One of the options to change benefits is to change the benefit period. Please advise the minimum period available for selection.
- 2) The following concern applies to: A-LTCICHG
- Pursuant to 14 VAC 5-100-50 2, the full and proper corporate name of the insurer must prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications, and other forms required to be submitted.
- The form states that removal of the nonforfeiture rider is one of the available options. What will appear when an insured exercises his/her nonforfeiture benefit option?
- In regards to the statement of variability and the variability of the company name:
  - 1) Please advise how the company name is subject to change
- 2) The form indicates that there are three variable fields in relation to the company name; however, the Statement of Variability only identifies the company name as appearing in those fields. Please identify how variable fields identified as #CO NAME 1, #CO NAME 2, and #CO NAME 3 are subject to change.
- 3) The following applies to: 97045 VA
  - Please provide us with a statement of variability for form 97045 VA.
  - For purposes of clarity and consistency with 14 VAC 5-200-185, please change the reference to contingent nonforfeiture benefit to contingent benefit upon lapse.

## Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability Form A-LTCICHG
Comments:	
Attachment(s):	Statement of Variability A-LTCICHG.pdf

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Satisfied - Item:	Statement of Variability Form A-LTCICHG
Comments:	
Attachment(s):	Statement of Variability A-LTCICHG.pdf
Satisfied - Item:	Certificate of Compliance Form A-LTCICHG
Comments:	
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State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

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TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

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TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

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Virginia Filing Company: State Farm Mutual Automobile Insurance Company State:

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance Project Name/Number:

2013 VA LTCI 97045 Series/

**Comments:** Attachment(s): Objection Response.pdf

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

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State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments:	
Attachment(s):	Objection Response.pdf
Satisfied - Item:	Statement of Variability Form 97045 VA ((#8 Objection Response 06/18/2015)
Comments:	
Attachment(s):	Statement of Variability for 97045 VA Policyholder letter.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

#### Comments:

Please see the attached objection response. Additionally, the items requested in the 'Statement of Variability, Certificate of Compliance and Readability' and 'Updated Status' note to filer received on 6/10/15 and 9/18/15 have also been provided.

## Related Objection 2

Applies To:

- Policyholder Notification Letter for Rate Increase, 97045 VA Customer Letter (Form)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments: In regards to the policyholder letter, please resolve the following concerns:

- 1) The letter indicates rates are being driven up as a result of the cost and frequency of long term care benefits. It is unclear, however, how this affects the rates. Please provide a more specific explanation that includes how the company's experience impacts the pricing trends which result in a rate increase. Keep in mind LTC is basically an indemnity benefit. For the average consumer who has never filed a claim and continues keep his policy in force by paying premiums, it is difficult to understand why his premium rate goes up when his benefit does not.
- 2) The applicable rate increases are dependent upon age, benefit and elimination period and most individuals will receive a 40% rate increase. However, there are scenarios the company has provided that indicate different rate increases may apply for individuals between the ages of 67 76 and those between ages 46 49 who have policies issued after 6/1/2001 with a 5 year benefit period and 90 day elimination period. Please develop paragraphs that can be inserted to address the different rate scenarios.
- 3) Regarding question # 8 in the Q&A, is it the company's intent to seek additional increases only if the experience is worse than projected or regardless of how it emerges? What is the trigger. Please expand the answer accordingly.
- 4) Regarding question #10 in the Q&A, does the company have a concern that some policyholders may feel they are being unfairly discriminated against, especially those at older ages? Should this answer not be expanded to specify the range of increases?
- 5) For compliance with 14VAC5-200 75 A 4 (b), please include a statement that indicates the insured has a right to a revised premium rate or rate schedule.

#### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability Form A-LTCICHG
Comments:	
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State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

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State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

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State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

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Product Name: Long Term Care Insurance Project Name/Number:

2013 VA LTCI 97045 Series/

**Comments:** Attachment(s): Objection Response.pdf

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

Elena Oliver

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TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 06/03/2015 Submitted Date 06/09/2015

Dear Janet Houser,

Introduction:

#### Response 1

#### Comments:

A policyholder letter will be sent at least 75 days prior to each part of the rate increase. The policyholder notification letter has been revised to include the required information regarding rate increases. Applicable information identified in 14VAC5-200-75 A has been provided. However, we do not believe 14VAC5-200-75 A(5)(a)-(c) are applicable. Additionally, there are no partnership policies on our 97045 series.

The revised copy of the policyholder notification letter has been attached to the Form Schedule. Readability Compliance Certification and Certificate of Compliance have been provided with this response under the supporting documentation tab.

State Farm will implement the overall rate increase of 36.4% in three phases. The range would be 9% to 41.9%. The requested changes for the maximum and minimum have been made in a post-submission update. Revised rate comparisons for each of the implementation periods have been attached to the supporting documentation tab. A copy of Policy Form A-LTCICHG has been provided in the form schedule tab. The title of the Readability Certification has been changed to Policyholder Notification of Benefit Change. The Certificate of Compliance for the benefit reduction is located in the Note to Filer - Additional Requirements portion of the supporting documents tab.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

## Changed Items:

SERFF Tracking #: State Tracking #: STLH-129237070 Company Tracking #: STLH-129237070 2013 VA LTC 97045 SERIES

Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance Project Name/Number: 2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection 7 Response	
Comments:		
Attachment(s):	Rate Table Comparison - A91 vs A01 - Prior to June 1, 2001 - Year 1.pdf Rate Table Comparison - A94 vs A02 - On or After to June 1, 2001 - Year 1.pdf Rate Table Comparison - A92 vs A91 - Prior to June 1, 2001 - Year 2.pdf Rate Table Comparison - A95 vs A94 - On or After to June 1, 2001 - Year 2.pdf Rate Table Comparison - A03 vs A92 - Prior to June 1, 2001 - Year 3.pdf Rate Table Comparison - A04 vs A95 - On or After to June 1, 2001 - Year 3.pdf VIRGINIA READABILITY COMPLIANCE CERTIFICATION-A_LTCICHG.pdf VIRGINIA READABILITY COMPLIANCE CERTIFICATION-97045 Customer Letter.pdf Certificate of Compliance for 97045 Customer Letter.pdf	

Form Schedule Item Changes								
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Type	Action	Data	Score	Attachments	Submitted
1	LONG-TERM CARE COVERAGE CHANGE	A-LTCICHG	OTH	Other		65.200	A-LTCICHG.pdf	Date Submitted: 06/09/2015 By: Elena Oliver
2	Policyholder Notification Letter for Rate Increase		OTH	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

State:

Elena Oliver

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance
Project Name/Number: 2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 04/24/2015 Submitted Date 05/05/2015

Dear Janet Houser,

Introduction:

### Response 1

#### Comments:

Please see the attached objection response. Additionally, the items requested in the 'Additional Requirements' note to filer received on 3/24/15 have also been provided.

### Related Objection 1

Applies To:

- Objection 5 Response (Supporting Document)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments: Thank you for submitting revised consumer letters as requested. According to your response, the company is willing to implement the rate increase in three phases: 11.7%, 11%, and 10%. As a result, we ask the letters be amended to indicate the overall rate increase is 36.4% (1.117x1.11x1.10) and will be implemented over a three year period. We have the following concerns with the letter:

- 1) The letter or the FAQ should be more specific as to why a rate increase is needed. The letter indicates the rising costs and frequency of claims are requiring a rate increase. Please expand that explanation so that the insured understands how that impacts his policy similar to what the company has stated in the narrative of the Rate Summary.
- 2) The revised letter indicates that depending on policy benefits, some policyholders will not receive all [total years] of increases. Please explain why this would occur.
- 3) Please provide a statement of variability so that we can understand what will appear in the initial letter and letters in subsequent years.
- 4) Under the current selections, it includes the non-forfeiture rider. The letter states the person qualifies for a non-forfeiture benefit and their billing notice will provide additional detail. Please provide with a copy of such notice. Also, please clarify in the letter so that a person understands these are two separate options: the non-forfeiture rider that a person purchased and the contingent benefit upon lapse benefit that is being offered to those who did not purchase the rider and is now available. As a result, the response to question 6 in the FAQ should be revised as well to make this clear to the insured.
- 5) We note the company has indicated Long Term Care insurance premiums are not guaranteed and may increase. For compliance with the NAIC Bulletin, please indicate Long Term Care Insurance itself is guaranteed renewable although rates are not.
- 6) Under question 2 on the FAQ it is indicated the individual may remove the non-forfeiture benefit rider. Is this the only rider available on these policies? If not, we suggest this state that riders may be removed. Please keep in mind, the person does have the option to exercise the non-forfeiture benefit as an alternative for paying higher premiums in addition to deleting the rider.
- 7) Please provide a copy of this letter on the company's letterhead paper.

## Changed Items:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection 6 Response	
Comments:		
Attachment(s):	Objection Response - VA - January 27.pdf 97045 Virginia Customer Letter - Based on variable letter - Letterhead - Variability.pdf Statement of Variability.pdf Sample Billing Notice.pdf	

Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance Project Name/Number: 2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes			
Satisfied - Item:	Objection 6 Response		
Comments:			
Attachment(s):	Objection Response - VA - January 27.pdf 97045 Virginia Customer Letter - Based on variable letter - Letterhead - Variability.pdf Statement of Variability.pdf Sample Billing Notice.pdf		
Satisfied - Item:	Note to Filer - Additional Requirements		
Comments:			
Attachment(s):	A-LTCICHG.pdf Statement of Variability A-LTCICHG.pdf Certificate of Compliance for A-LTCICHG.pdf VIRGINIA READABILITY COMPLIANCE CERTIFICATION-A_LTCICHG.pdf		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

State:

#### Comments:

The rate/rule schedule has been updated as requested.

## Related Objection 2

Applies To:

- Rate Tables, [97045, 99504, and 99505] (Rate)

Comments: Please amend the Rate/Rule Schedule to reflect the true overall percent rate increase of 36.4% if implemented over three years. The range would be 0% to 41.9% (1.126x1.124x1.121). Please provide rates for each implementation period.

Please amend the affected policy forms to match exactly as approved. Our records indicate the approved form numbers are: 97045VA.1, 99504VA, 99505.

## Changed Items:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Sc	hedule Item Changes					
Item No.	Document Name	Affected Form Numbers (Separated with	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	commas) 97045VA.1, 99504VA, and 99505	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 36.4	Proposed Rate Table A91 - Prior to June 1, 2001 - Year 1.pdf, Proposed Rate Table A92 - Prior to June 1, 2001 - Year 2.pdf, Proposed Rate Table A03 - Prior to June 1, 2001 - Year 3.pdf, Proposed Rate Table A94 - On or After June 1, 2001 - Year 1.pdf, Proposed Rate Table A95 - On or After June 1, 2001 - Year 2.pdf, Proposed Rate Table A95 - On or After June 1, 2001 - Year 2.pdf, Proposed Rate Table A04 - On or After June 1, 2001 - Year 3.pdf,	05/05/2015 By: Emily Ehrstein
Previous Versi	on					
1	Rate Tables	97045, 99504, and 99505	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 37	Proposed Rate Table A03.pdf, Proposed Rate Table A04.pdf,	12/09/2013 By: Emily Ehrstein
Previous Versi	on					
1	Rate Tables	97045 Series	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 37	Proposed Rate Table A03.xlsx, Proposed Rate Table A04.xlsx, Current Rate Table A01.xlsx, Current Rate Table A02.xlsx,	11/26/2013 By: Emily Ehrstein

### Conclusion:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thanks!

Sincerely,

Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance Project Name/Number: 2013 VA LTCI 97045 Series/

Virginia

**Response Letter** 

State:

Response Letter Status Submitted to State

Response Letter Date 11/19/2014 Submitted Date 11/19/2014

Dear Janet Houser,

Introduction:

#### Response 1

#### Comments:

Please see the attached objection response and supporting documents.

#### Related Objection 1

Applies To:

- Objection 4 Response (Supporting Document)

Comments: Thank you for providing the Rate Summary and narrative. The purpose of the narrative is to briefly summarize key information used to develop he main drivers of the revised rates. The insured would have access to this form. Referring to this as "Consumer Talking Points" may be misleading and contains more information than what is required. We suggest that only the second paragraph which relates to the drivers of the increase be included and all other information should be removed.

## Changed Items:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection 5 Response	
Comments:		
Attachment(s):	Objection Response - VA -August 14.pdf VA 97045 Narrative.pdf 97045 Virginia Customer Letter - Based on variable letter.pdf Sample Agent Request Letter - Routine Policy Changes.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

Comments:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Please see the attached objection response and supporting documents.

### Related Objection 2

Applies To:

- Objection 4 Response (Supporting Document)

Comments: According to your comments, the company has indicated it is open to the method proposed in the NAIC Executive/Plenary bulletin regarding the contingent benefit upon lapse benefit. If that is the case, please provide a revised policyholder letter that is consistent with the bulletin's requirements including the contingent benefit upon lapse.

The reference to the guaranteed nature of the policy refers to the fact the policy is guaranteed renewable as long as premiums are paid in a timely fashion rather than premiums are not guaranteed for life. Please include this disclosure in the letter.

We agree item 2 in the FAQ indicates there are options available as an alternative to paying higher premiums. The letter should include the details that correspond to the insured's individual policy and explain how to make such changes.

The FAQ should also be amended regarding the Contingent Benefit Upon Lapse benefit.

It would appear from your response the company is willing to implement this increase over a three year period. If so, what implementation schedule would be offered? The policyholder letter would need to incorporate this information as noted in the bulletin.

Your previous response indicated a new schedule of benefits is sent to the insured when changes are made. Please provide evidence the policy was approved for such variability. If not, an endorsement will need to be created for review and approval and can be added to this filing or submitted as a new filing.

Changed Items:

SERFF Tracking #: State Tracking #: Company Tracking #: STLH-129237070 STLH-129237070 2013 VA LTC 97045 SERIES

Virginia Filing Company: State Farm Mutual Automobile Insurance Company

LTC03I Individual Long Term Care/LTC03I.001 Qualified TOI/Sub-TOI:

Product Name: Long Term Care Insurance 2013 VA LTCI 97045 Series/ Project Name/Number:

Supporting Document Schedule Item Changes				
Satisfied - Item:	Objection 5 Response			
Comments:				
Attachment(s):	Objection Response - VA -August 14.pdf VA 97045 Narrative.pdf 97045 Virginia Customer Letter - Based on variable letter.pdf Sample Agent Request Letter - Routine Policy Changes.pdf			

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

State:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 06/09/2014 Submitted Date 06/09/2014

Dear Janet Houser,

Introduction:

Response 1

Comments:

Please see attached response and supporting documents.

### Changed Items:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection 4 Response	
Comments:		
Attachment(s):	Objection Response - VA - June 2.pdf VA 97045 Narrative.pdf VA Rate Summary.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 04/16/2014 Submitted Date 04/16/2014

Dear Janet Houser,

Introduction:

Response 1

Comments:

Please see the attached objection response.

### Changed Items:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection 3 Response	
Comments:		
Attachment(s):	Objection Response - VA.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 01/29/2014 Submitted Date 02/11/2014

Dear Janet Houser,

Introduction:

Response 1

Comments:

Please see the attached objection response.

### Changed Items:

Supporting Document Schedule Item Changes		
Satisfied - Item:	Objection 2 Response	
Comments:		
Attachment(s):	97045 Series Inforce Rate Increase History 1-28-14.pdf Actual and Projected Nationwide Experience - V4 - adj.pdf Actual and Projected Nationwide Experience - V4 - adj.xlsx Actual and Projected Virginia Experience - V4 - adj.pdf Actual and Projected Virginia Experience - V4 - adj.xlsx Objection Response - VA.pdf Comparison of Original and Updated Claim Costs.pdf Original_Claim_Costs.pdf Original_Termination_Rates.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 12/04/2013 Submitted Date 12/09/2013

Dear Janet Houser,

Introduction:

#### Response 1

#### Comments:

Please see the attached objection response.

#### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Long Term care policies issued on or after October 1, 2003 are subject to the rate stabilization standards set forth in 14 VAC5-200-153. Issue dates prior to that date are subject to the loss ratio standards set forth in 14 VAC5-200-150. According to Actuarial Memorandum, these forms were marketed between November 20, 2002 and February 1, 2008. As a result, the company will need to demonstrate compliance with both 14 VAC5-200-150 and 14 VAC5-200-153.

# Changed Items:

<b>Supporting Document Sc</b>	hedule Item Changes
Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Nationwide Experience.xls Actual and Projected Virginia Experience.pdf Actual and Projected Virginia Experience.xls
Previous Version	
Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Virginia Experience.pdf

SERFF Tracking #: State Tracking #: STLH-129237070 Company Tracking #: STLH-129237070 2013 VA LTC 97045 SERIES

Virginia Filing Company: State Farm Mutual Automobile Insurance Company State:

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Current Rate Table A01.pdf Current Rate Table A02.pdf

Product Name: Long Term Care Insurance 2013 VA LTCI 97045 Series/ Project Name/Number:

Comments:

Attachment(s):

<b>Supporting Document S</b>	chedule Item Changes
Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Nationwide Experience.xls Actual and Projected Virginia Experience.pdf Actual and Projected Virginia Experience.xls
Previous Version	
Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Virginia Experience.pdf
Satisfied - Item:	Current Rate Tables

 SERFF Tracking #:
 STLH-129237070
 State Tracking #:
 STLH-129237070
 Company Tracking #:
 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Nationwide Experience.xls Actual and Projected Virginia Experience.pdf Actual and Projected Virginia Experience.xls
Previous Version	
Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Virginia Experience.pdf
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A02.pdf
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	LTC Customer Q and A - Anniversary.pdf Objection Response.pdf Rate Summary Form.pdf Filing Summary Narrative.pdf Premium Comparison - Proposed 97045 to Current 97062.pdf Issue Year Within Calendar Year - Nationwide.pdf Issue Year Within Calendar Year - Virginia.pdf Experience Studies - Lapse and Mortality.pdf 97045 Series Inforce Rate Increase History 12-4-13.pdf 97045 1st round Country Wide Customer Letter.pdf

 SERFF Tracking #:
 STLH-129237070
 State Tracking #:
 STLH-129237070
 Company Tracking #:
 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document So	chedule Item Changes
Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Nationwide Experience.xls Actual and Projected Virginia Experience.pdf Actual and Projected Virginia Experience.xls
Previous Version	
Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Virginia Experience.pdf
Satisfied - Item:	Current Rate Tables
Comments:	Current Rate Tables
	Current Rate Table A01.pdf
Attachment(s):	Current Rate Table A01.pdf
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	LTC Customer Q and A - Anniversary.pdf Objection Response.pdf Rate Summary Form.pdf Filing Summary Narrative.pdf Premium Comparison - Proposed 97045 to Current 97062.pdf Issue Year Within Calendar Year - Nationwide.pdf Issue Year Within Calendar Year - Virginia.pdf Experience Studies - Lapse and Mortality.pdf 97045 Series Inforce Rate Increase History 12-4-13.pdf 97045 1st round Country Wide Customer Letter.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certificationv2.pdf
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification.pdf

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

No Form Schedule items changed.

Rate/Rule Sche	edule Item Changes					
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	97045, 99504, and 99505	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 37	Proposed Rate Table A03.pdf, Proposed Rate Table A04.pdf,	12/09/2013 By: Emily Ehrstein
Previous Version	•					
1	Rate Tables	97045 Series	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 37	Proposed Rate Table A03.xlsx, Proposed Rate Table A04.xlsx, Current Rate Table A01.xlsx, Current Rate Table A02.xlsx,	11/26/2013 By: Emily Ehrstein

# Response 2

#### Comments:

Please see the attached objection response.

# Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments: Of the 1,142 policyholders, how many of those contracts were issued prior to October 1, 2003?

Does the company have any open blocks of long term care business? If so,

(1)How do the proposed rates compare with the new rates for same ages and benefits, and

(2)Has consideration been given to allowing policyholders in this block to exchange their policy for one in the open block(s) without evidence of insurability?

What steps has the company taken to minimize rate increases on this block of business?

Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

Please complete the attached Rate Summary form providing a brief summary of the key information including the main drivers used to develop the rates. Our expectation would be that the form would put into consumer friendly language a summary of the information contained in the Actuarial Memorandum that provides a clear explanation of the justification of the rate increases. The Actuarial Memorandum states the higher loss ratios are the result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs. Please explain each of these factors and how each contributes to the rate increase requested in terms the consumer will understand.

#### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

# Response 3

#### Comments:

Please see the attached objection response.

### Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Comments: For the pre-rate stabilization policies, please provide additional following information:

All information required by 14 VAC5-130-70 based on the national and Virginia only experience separately. Since no policies would have been issued prior to November 20, 2002, why does experience include information prior to that date? Experience exhibits should include earned premium, paid claims, incurred claims and loss ratio from the date of the forms inception through the most recent date that information is available.

Justification for all assumptions used in the projections.

Include an actual to expected analysis based on the original assumptions.

An explanation of the reserve basis and justification for the reserve levels provided.

The anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

Re-state the nationwide experience using Virginia approved rates.

Explain what, if any margins are included in the proposed rates to ensure that future rate increase will be needed presuming the experience develops as projected.

Provide sufficient detail or documentation so that any projections can be recreated. Please submit exhibits in an excel format which will allow us to speed up our review of the submission.

Please state the interest rate originally assumed in the determination of the premium stated. If greater than the discount rate used in the projections, please revise the projections by using the original rate.

# Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

# Response 4

#### Comments:

Please see the attached objection response.

### Related Objection 4

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Applies To:

- Rate Tables, [97045 Series] (Rate)

Comments: On the Rate/Rule Schedule, please make the following changes:

All affected form numbers should be listed and separated by commas: 97045, 99504, and 99505. Please replace the attachments with PDF files for protection purposes.

Move the current rate tables to Supporting Documentation. Only rates that are being approved should be listed under the Rate/Rule tab in SERFF.

#### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 5

#### Comments:

Please see the attached objection response.

#### Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a copy of the letter that will be sent to Virginia policyholders offering options to reduce the daily benefit amount or period, increase the elimination period or remove the optional rider. The Bureau would expect the letter to include following key points:

- 1) The explanations of the rate increases and accompanying factors are clear
- 2)Options are clearly and specifically stated rather than indicating the insured should contact the company for more information if interested in changes
- 3)Specific premium amount and effective date for such are clearly stated
- 4) If the company expects future rate increases, such should be clearly communicated

If a FAQ is included in the letter, please provide us a copy.

Prior to approving the proposed rate increase, forms used to amend existing coverage will need to be filed for review and approval. If forms are not already approved, this can either be done as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the forms are already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Conclusion:

Sincerely,

Emily Ehrstein

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

# **Amendment Letter**

Submitted Date: 05/04/2016

Comments:

The revised Actuarial Memorandum has been moved to the L&H Actuarial Memorandum section in Supporting Documentation. VA 97045 Narrative has been revised to avoid any potential confusion.

Thank you for all your assistance, your help with this filing is truly appreciated.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Supporting Document Schedule Item Changes					
&H Actuarial Memorandum					
/irginia - Actuarial Memorandum and Certification v3.pdf					
&H Actuarial Memorandum					
/irginia - Actuarial Memorandum and Certificationv2.pdf					
&H Actuarial Memorandum					
/irginia - Actuarial Memorandum and Certification.pdf					
/i					

Satisfied - Item:	Objection 4 Response
Comments:	
Attachment(s):	VA Rate Summary.pdf VA 97045 Narrative.pdf
Previous Version	
Satisfied - Item:	Objection 4 Response
Comments:	
Attachment(s):	Objection Response - VA - June 2.pdf VA 97045 Narrative.pdf VA Rate Summary.pdf

 SERFF Tracking #:
 STLH-129237070
 State Tracking #:
 STLH-129237070
 Company Tracking #:
 2013 VA LTC 97045 SERIES

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Virginia

# **Amendment Letter**

Submitted Date: 05/03/2016

Comments:

State:

Thank you for the clarification. Attached please find an updated version of the policyholder letter.

Changed Items:

Form Sch	edule Item Changes							
Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Name	Number	Туре	Action	Data	Score	Attachments	Submitted
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	OTH	Other		42.400	97045 VA Policyholder Letter -Final Version.pdf	Date Submitted: 05/03/2016 By:
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	OTH	Other		42.400	97045 VA Policyholder Letter - Final.pdf	Date Submitted: 05/03/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase		OTH	Other		42.400	97045 VA Policyholder Letter revised.pdf	Date Submitted: 04/20/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Policyholder Letter.pdf	Date Submitted: 03/24/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	ОТН	Other		42.400	97045 VA Policyholder Notification Letter.pdf	Date Submitted: 02/23/2016 By: Elena Oliver
Previous Ve	ersion							
1	Policyholder Notification Letter for Rate Increase	97045 VA Customer Letter	OTH	Other		42.400	97045 VA Customer Letter.pdf	Date Submitted: 06/09/2015 By: Elena Oliver

No Rate Schedule Items Changed.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

No Supporting Documents Changed.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### **Note To Reviewer**

Created By:

Elena Oliver on 05/04/2016 10:47 AM

Last Edited By:

Elena Oliver

**Submitted On:** 

05/05/2016 08:59 AM

Subject:

Inconsistency

#### **Comments:**

The overall rate increase will be 36.4% with the max of 41.9% and the min of 9%. I apologize for the incorrect information provided in our response to your objection dated August 14, 2014. Though rate tables and rate tables comparisons that have been provided earlier are accurate and have correct rate increases. As we agreed to implement this rate increase over a three year period, actual increases will range from 9% to 12.6% in year 1, from 0% to 12.4% in year 2, and from 0% to 12.1% in year 3.

Thank you for your continued time in reviewing our filing.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### **Note To Filer**

Created By:

Janet Houser on 05/04/2016 10:01 AM

Last Edited By:

Janet Houser

**Submitted On:** 

05/04/2016 10:01 AM

Subject:

Inconsistency

Comments:

As I continue to check the filing for any inconsistencies, I realized something had been missed.

The Rate/Rule Schedule indicates the overall rate increase impact is 36.4%, the max is 41.9% and the min is 9%. This change was made in June 2015 as the result of three year implementation of the increase. According to your 11/17/2014 response, actual increases would range from 0 to 12.6% for year 1, 0-12.4% for year 2, and 0-12.1% for year 3. The average increases would be 11.7% year 1, 11.0% year 2, and 10% year 3. Based on this, the minimum should be corrected to 0% rather than 9%. Please send a post submission update.

As a result of changing this, page 1 of the Rate Summary will need to be updated to match which I can revise for you.

Lastly, Section XIV Summary of Proposed Rate Increase of the Actuarial Memorandum should be updated to include the information noted above for consistency purposes. I apologize for not bringing this to your attention previously. All this information will be made public and our intent to keep all data as accurate as possible.

Please call me if you have any questions or concerns at 804-371-9390. Again, I apologize for this inconvenience.

Janet Houser

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Filer**

Created By:

Janet Houser on 05/04/2016 06:08 AM

Last Edited By:

Janet Houser

**Submitted On:** 

05/04/2016 08:44 AM

Subject:

Final Review

Comments:

We are ready to approve this filing and there are two items we need to resolve:

- 1) Please move the revised Actuarial Memorandum sent on 5/3/2016 to the section in Supporting Documentation to L&H Actuarial Memorandum.
- 2) We previously asked to have the narrative to the Rate Request Summary revised. In retrospect, we feel the first narrative (sent 6/9/2014) is more appropriate; however, I will remove the heading "Consumer Talking Points for SERFF Filing #STLH-129237070" to avoid any potential confusion. I apologize for any inconvenience this may have caused.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### **Note To Filer**

Created By:

Janet Houser on 05/03/2016 12:18 PM

Last Edited By:

Janet Houser

**Submitted On:** 

05/03/2016 12:19 PM

Subject:

policyholder letter

#### Comments:

Elena, thanks so much for the immediate turnaround. Apparently, my objection was not clear in regards to the policyholder letter. It should not be a John Doe version. What is needed is the letter with the bracketed information included. It should be the same letter as submitted on 4/20/2016 without any section being highlighted to show where changes were made. In other words, please remove the background colors wherever such appears (for example, as in the first sentence of the letter).

Call me if you have any questions at 804-371-9390.

Thanks!

Janet

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Reviewer**

Created By:

Elena Oliver on 03/21/2016 02:29 PM

Last Edited By:

Elena Oliver

**Submitted On:** 

03/21/2016 02:32 PM

Subject:

final copy of policyholder letter

**Comments:** 

I apologize that a final copy of the policyholder letter was inadvertently not included with the response. Please see attached. Thank you for your continued time in reviewing this filing.



# State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

#### Dear <INSURED NAME>:

As a valued State Farm® customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

#### <for YEAR TWO>

Your <MODE> premium for <CURRENT YEAR PLUS 12 MONTHS> will be \$<SECOND YEAR RENEWAL AMOUNT>.

#### <for YEAR THREE>

Your <MODE> premium for <CURRENT YEAR PLUS 24 MONTHS> will be \$<THIRD YEAR RENEWAL AMOUNT>.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 6

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge. Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. The paid-up policy based on premiums paid to date will be no less than 30 times the daily nursing home benefit at the time of lapse but will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is</p>

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 3 of 6

separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE> <AGENT PHONE NUMBER>

### **Questions and Answers**

# 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

# 2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

# 3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission).

# 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

# 5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

# 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

# 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

# 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. This increase is being phased over three years. Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission).

#### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 6 of 6

# 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### **Note To Filer**

Created By:

Janet Houser on 03/21/2016 02:07 PM

Last Edited By:

Janet Houser

**Submitted On:** 

03/21/2016 02:07 PM

Subject:

final copy of policyholder letter

#### **Comments:**

I appreciate your prompt response to my 3/17/2016 objection letter; however, a final copy of the policyholder with the form number was not attached. Please let me know when this may be available for review and approval.

Thanks.

Janet Houser 804-371-9390

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### **Note To Filer**

Created By:

Janet Houser on 02/25/2016 10:42 AM

Last Edited By:

Janet Houser

**Submitted On:** 

02/25/2016 10:46 AM

Subject:

2/24/15 phone message

#### Comments:

Yesterday I left a message to discuss with you the problem with placing a form number on the policyholder letter. Because I will be out of the office tomorrow and the following week, I am providing this information as a Note to Filer.

Although the company has been aware since last June a form number is required on the policyholder letter, it appears there has not been any effort as yet to resolve this issue systematically. Our concern is that there is no guarantee this problem will be resolved in a timely fashion and prior to the second year of the rate increase. In light of that, the Bureau believes company needs to develop a temporary solution in the meantime.

Similar issues have happened in the past and the Bureau has allowed companies to place stamps/stickers on the first page of a form for compliance purposes. Another suggestion is that the form number be permanently added to the letterhead paper used for these policyholder communications only. Again, these are just suggestions but certainly could satisfy our regulations on a short term basis.

Please review and let us know how the company wishes to proceed.

Janet Houser 804-371-9390

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Reviewer**

Created By:

Elena Oliver on 06/10/2015 11:10 AM

Last Edited By:

Elena Oliver

**Submitted On:** 

12/23/2015 01:38 PM

Subject:

Statement of Variability, Certificate of Compliance and Readability

**Comments:** 

The requested documents have been attached separately to Supporting Documentation and identified as such.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Filer**

Created By:

Janet Houser on 09/18/2015 10:06 AM

Last Edited By:

Janet Houser

**Submitted On:** 

09/18/2015 10:06 AM

Subject:

**Updated Status** 

**Comments:** 

When replying to our June 18th objection letter, please provide an updated 97045 Series Rate Increase History exhibit.

Thank you.

Janet Houser

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Filer**

Created By:

Janet Houser on 06/10/2015 10:51 AM

Last Edited By:

Janet Houser

**Submitted On:** 

06/10/2015 10:51 AM

Subject:

Statement of Variability, Certificate of Compliance and Readability

#### **Comments:**

Thank you for providing these documents as requested and attaching these to Supporting Documentation under the Note to Filer - Additional Requirements and/or Objection 7 response. So that this information may be easily located in the filing, we ask that each item be attached separately to Supporting Documentation and identified as such.

Thank you.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

#### **Note To Filer**

Created By:

Janet Houser on 03/24/2015 11:49 AM

Last Edited By:

Janet Houser

**Submitted On:** 

03/24/2015 11:50 AM

Subject:

Additional requirements

#### Comments:

The Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. Because this would be a part of the entire contract, such a form would require review and approval; the company can no longer simply send a revised policy schedule page. If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including contingent upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well a readability certification in accordance with 14VAC5-110-60.

For clarification purposes, the company may include a revised Schedule of Benefits page in addition to the endorsement if the company so chooses.

Should you have any questions, please feel free to contact me at 804-371-9390.

Thank you.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Filer**

Created By:

Janet Houser on 01/22/2015 09:01 AM

Last Edited By:

Janet Houser

**Submitted On:** 

01/22/2015 09:02 AM

Subject:

Status Update

#### **Comments:**

I apologize for not responding sooner to your note to reviewer. This filing remains under review by the BOI management. As soon as I get any update, I will contact you as quickly as possible.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Reviewer**

Created By:

Emily Ehrstein on 01/19/2015 07:38 AM

Last Edited By:

**Emily Ehrstein** 

**Submitted On:** 

01/19/2015 07:38 AM

Subject:

Filing Status?

#### **Comments:**

Can I please get an update on the status of this filing? It has been approximately 60 days since we have last heard anything on this filing. Please let me know if there is any additional information that I can provide to assist you in your review of this filing.

Thanks!

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Note To Reviewer**

Created By:

Emily Ehrstein on 08/11/2014 06:18 AM

Last Edited By:

**Emily Ehrstein** 

**Submitted On:** 

08/11/2014 06:18 AM

Subject:

Filing Status?

#### **Comments:**

Can you please provide an update on the status of this filing? It has been approximately 60 days since we have last heard anything on this filing. Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thanks!

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

### **Note To Filer**

Created By:

Janet Houser on 12/02/2013 10:37 AM

Last Edited By:

Janet Houser

**Submitted On:** 

12/02/2013 10:37 AM

Subject:

Objection letter

#### **Comments:**

Through an oversight on my part, I indicated our letter was in response to their reply to our request for additional information. The letter should have stated the following:

A preliminary review of the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information.

I apologize for any confusion or inconvenience this has caused.

Thank you.

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Reviewer Note**

Created By:

Janet Houser on 05/04/2016 06:12 AM

Last Edited By:

Janet Houser

**Submitted On:** 

05/05/2016 10:35 AM

Subject:

**RRS** 

**Comments:** 

Rate summaries

# Long Term Care Insurance Rate Request Summary Part 2 –To Be Completed By Bureau of Insurance

**Company Name and NAIC Number: State Farm Mutual Automobile Insurance Company** 

**SERFF Tracking Number: STLH-129237070** 

**Disposition: Approved** 

Approval Date: May 5, 2016

#### **Revised Rates**

Average Annual Premium Per Member: \$1,60	Average Annua	Premium Per	Member:	\$1,60	13
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Average Requested Percentage Rate Change Per Member: 36.4%

Minimum Requested Percentage Rate Change Per Member: 9%

Maximum Requested Percentage Rate Change Per Member: 41.9%

Number of Policy Holders Affected: 1142

+

# Summary of the Bureau of Insurance's review of the rate request:

State Farm Mutual Automobile Insurance Company (the Company) requested an average rate increase of 36.4%, ranging from 0% to 41.9%. The percentage rate increase is lower in some cases as the company "capped" them to ensure that they don't exceed the rates currently offered on a similar product. The increase will be implemented over a three year period.

This is an individual, closed block of long term care insurance policies issued from February 1, 1998 through November 20, 2002. This rate increase filing was originally submitted November 26, 2013. There have been no prior premium rate increases on any of the affected forms.

The Company requested a rate increase because key assumptions used in pricing have not been met. The key assumptions are policyholder terminations arising from deaths, lapses and higher morbidity. The terminations have been much lower than expected, thereby increasing the Company's exposure to the high claims expected at advanced ages. The need for the rate increase is further exacerbated by poor claim experience.

In the early years the group of policyholders is prefunding the benefits to be paid in later years and a reserve is established in order to fund the claims in the later years, which are anticipated to be significantly higher than the premiums in the later years.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

The terminations are a key element for two reasons. First, if too many policyholders continue their coverage, there will be much higher claims in the later years. Second, the pricing anticipates that reserves released by terminating policyholders will be used to fund the claims of persisting policyholders. If terminations are low, then the reserves released will not be sufficient.

In summary, when policyholders terminate at a lower rate

- There are more policyholders continuing to the high claim costs in later years
- There is not as much reserve being released to the group of continuing policyholders, and
- There is a larger group of continuing policyholders that need this reserve release.

Based on a review of the developing experience compared to the assumptions used in the pricing of the affected policies, the Company states that an average 214% rate increase is needed to restore the policy form back to its original pricing expectation. The company, however, is only requesting an average 37% rate increase at this time. With the 36.4% increase, the Company expects to pay out 146% of the premium in claims over the lifetime of the form, which is significantly higher than the required minimum payout of 60%. However, the company has indicated that it intends to seek further rate increases if the experience emerges as expected, although not for at least three years. The Bureau of Insurance's analysis indicates that the requested rate increase is approvable based on an independent analysis and the requirements of Virginia law

To help mitigate the impact of the rate increase, the Company is offering policyholders different options to reduce the premium increase by reducing their coverage. These reductions would be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions. These options are available to all policyholders, if they so desire.

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

**Reset Form** 

# Long Term Care Insurance Rate Request Summary Part 1 – To Be Completed By Company

State Farm Mutual Automobile Insurance Company: 25178-176 **Company Name and NAIC Number:** STLH-129237070 **SERFF Tracking Number:** Approximately 135 Days After Approval **Effective Date: Revised Rates** \$1,603 **Average Annual Premium Per Member: Average Requested Percentage Rate Change Per Member:** 36.4% Minimum Requested Percentage Rate Change Per Member: 9% Maximum Requested Percentage Rate Change Per Member: 41.9% **Number of Policy Holders Affected:** 1142

**Plans Affected** 

(The Form Number and "Product Name")

Form# "Product Name"(if applicable)

1 1	STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM
99504VA	SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM
1 1	COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.



State Farm Insurance has filed for an average rate increase of 36.4% with the Virginia Bureau of Insurance. The actual increase will vary by issue age, benefit period, elimination period, and inflation option.

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

Please note that due to the historically low interest rate environment, the company is currently experiencing lower than anticipated investment returns on premiums received. However, these investment losses are not being passed along to the policyholder, but are instead being fully absorbed by State Farm.

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Removing an optional rider

While the company recognizes that a rate increase is unwelcome, we feel it is necessary in order to fulfill our contractual obligations so that a policyholder's benefits are available when they need them most.

Long-Term Care Insurance premium rates are not guaranteed, and State Farm anticipates seeking further rate increases in the future as experience continues to emerge.

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Reviewer Note**

Created By:

Janet Houser on 01/23/2014 06:28 AM

Last Edited By:

Janet Houser

**Submitted On:** 

05/05/2016 10:35 AM

Subject:

policyholder letter

**Comments:** 

approved by Consumer Services 1.21.14

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

# **Reviewer Note**

Created By:

Janet Houser on 12/09/2013 09:33 AM

Last Edited By:

Janet Houser

**Submitted On:** 

05/05/2016 10:35 AM

Subject:

Act Review & Rate Summary

Comments:

Sent to L&E 12.9.13, due date 12.26.13

1.17.14 - add'l info needed

2.11.14 - add'l info received; sent to Act on 2.18.14, due date 3.4.14

3.4.14 - add'l info needed

4.16.14 - info rec'd, sent to act; due date 4.30.14

5.5.14 - add'l info needed

6.9.14 - add'l info rec; sent to Act on 6.10.14, due date 6.24.14

6.20.14 - recommend approval; Rate Summary completed

2.5.15 - revised report

12.30.15 - updated state status report review

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#### Baltimore

David A. Palmer, C.F.E.

January 17, 2014

Janet Houser
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance

State Farm Mutual Automobile Insurance Company

Long Term Care Rate Increase

Policy Forms 97045, 99504 and 99505

SERFF# STLH-129237070

#### Dear Janet:

We have completed our preliminary review of this filing for a rate increase on these long term care insurance forms sold by State Farm Automobile Insurance Company (the Company). The Company is requesting a rate increase ranging from 9% to 40%, with most receiving 40%. The average increase is 37%.

#### Recommendation

At this time we are recommending that the Bureau **not approve** the rate filing. We have a number of questions and requests for the Company.





# **Questions**

- 1. Does the Company have any other blocks of long term care insurance? Are they group or individual? What is your rationale for isolating this block for a rate increase?
- 2. Please give the range of issue dates on these policy forms on a nationwide basis.
- 3. The actuarial memorandum states "On May 9, 2000, we filed new rate tables to be used for new business on these forms. This change was implemented on June 1, 2001".
  - a) Please confirm our understanding there have been no prior rate increases on existing insureds.
  - b) How much of the current inforce business was issued on the original premium basis and how much on the revised premium basis? Provide the measure using policy counts and inforce premium. Provide this information on a nationwide basis and on a Virginia only business.
  - c) What measures are you taking to ensure equity between the two groups pre and post issue dates of June 1, 2001? Are the post June 1, 2001 premium rates already higher than the pre June 1, 2001 premium rates? Are you asking for the same rate increase, ignoring the issue date?
- 4. The actuarial memorandum includes an exhibit showing the actual premiums, actual claims, actual loss ratio and expected loss ratio by policy duration. Please confirm our understanding that the expected loss ratio is based on the original pricing assumptions applied to the actual exposed premium.
- 5. In that same durational exhibit, the Actual to Expected ratio shows a steady increase by duration. Please confirm the expected loss ratio includes the effect of morbidity selection. This analysis suggests the slope of the morbidity is too flat. Are the revised morbidity claim costs steeper than the original claim costs?
- 6. Please resubmit the state approval grid with an additional column showing the inforce premium prior to any rate increases.
- 7. The premium rate increase request is based on revisions to the morbidity, mortality and lapse assumptions. Please quantify how much each of these variables contributes to the premium inadequacy. We appreciate there are co-dependencies so we are only requesting a ballpark estimate.

- 8. Provide more information on your lapse experience. The heading indicates it is nationwide experience and includes only the experience of this form.
  - a) How did you address credibility in your analysis?
  - b) Please provide the lapse experience of all your long term care business.
  - c) Provide the original pricing assumption for lapses. Does the original assumption vary by anything other than duration?
  - d) Provide the lapse assumption that was used to price policies after June 1, 2001.
  - e) Expand the exhibit to show the lapses expected based on the original pricing assumption and the lapses expected under the June 1, 2001 pricing. The expected lapses should recognize all the pricing assumption variables.
- 9. Provide more information on the mortality experience. Here the heading indicates you used experience from all forms.
  - a) How did you address credibility in your analysis?
  - b) Why did you use all forms for the mortality experience, but not for the lapse experience?
  - c) Provide the original pricing assumption for mortality. Include the selection factors.
  - d) Provide the mortality assumption used in the June 1, 2001 pricing. Include the selection factors.
  - e) Provide an additional analysis showing the experience by gender and attained age groups. Include the exposures, the actual deaths, the expected deaths based on the original pricing assumption, the expected deaths based on the June 1, 2001 pricing assumption, and the expected deaths based on the current revised mortality assumption. The expected deaths should properly reflect the mortality selection factors.
- 10. Provide more detail on the morbidity experience.
  - a) How did you address credibility in your analysis?
  - b) What was the source for the original pricing assumption? What are the original selection factors in the original pricing?
  - c) What was the source for the morbidity pricing assumption for the June 1, 2001 revised premiums? What are the selection factors used there?
  - d) In general, compare the 3 sets of morbidity assumptions original pricing, June 1, 2001 revised pricing and current revised morbidity.
  - e) Provide an analysis showing how well each of the 3 sets of assumptions fit the actual experience. The analysis should be by gender and attained age groups. Show the exposure, the actual claims, the expected claims using the original pricing

assumptions, the expected claims using the June 1, 2001 assumptions, and the expected claims using the current revised assumptions.

- 11. We understand the net investment income rate used in the original pricing was 5.50%. But, what interest rate was used in the June 1, 2001 pricing?
- 12. The historical experience includes reserves for reported and unreported claims. Please provide the amounts held at year end 2012, for each calendar year of incurral, split between DLR and IBNR.
- 13. In the present value calculations of the financial exhibits, what assumption do you have for the timing of premiums and claims? Do you assume they all occur mid-year? To what date do you accumulate and discount? There appears to be an inconsistency. We attempted to match your present value calculations, with accumulating and discounting to December 31, 2012. In order to match your numbers we assumed past premiums occurred at the end of each calendar year, but claims occurred at the beginning of each calendar year. In order to match your numbers we assumed future premiums occurred at the end of each calendar year and future claims occurred at the end of each calendar year. Please check your present value calculations.
- 14. Do the projections include any margins for adverse deviation or are they truly on a best estimate basis?
- 15. Do any of the policies have rate guarantees? If so, please confirm these were properly reflected in the projections.
- 16. Are there any limited pay policies. If so, please confirm these were properly reflected in the projections. Please provide a distribution of these policies by the calendar year in which the policy becomes fully paid up.
- 17. The Virginia Bureau requires the loss ratio analysis reflect the active life reserves. Please provide these balances for each year end since inception. These reserves should be on a best estimate basis using realistic terminations, morbidity and interest. A good proxy would be GAAP basis reserves, if they are available. Statutory reserves with a reasonable adjustment factor are also acceptable.
- 18. How are waived premiums handled in the historical experience and projections? Are they included as both earned premium and incurred claims, or are they excluded from both?

- 19. Do the projections include any shock lapses and related anti-selection? If so, please quantify these. How did choose these assumptions? Do the projections reflect any benefit buy-downs by insureds who choose not to accept the full rate increase? Do the projections assume any insureds moving to nonforfeiture status? If so, please quantify these.
- 20. Please provide the following distributions of business of the inforce block. To clarify, we are requesting four separate distributions, not a 4-dimensional distribution.
  - a) By gender
  - b) By issue year
  - c) By attained age
  - d) By inflation protection option

Janet, please let me know if any of these questions are unclear.

Sincerely,

Anthony G. Proulx, FSA, MAAA

anthony J. Prouk

Vice President & Principal

913 766-9165

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#### **Baltimore**

David A. Palmer, C.F.E.

March 4, 2014

Janet Houser Insurance Market Examiner Forms and Rates Section Life and Health Division State Corporation Commission, Bureau of Insurance P.O. Box 1157 Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance

State Farm Mutual Automobile Insurance Company

Long Term Care Rate Increase

Policy Forms 97045, 99504 and 99505

SERFF# STLH-129237070

#### Dear Janet:

We have reviewed the Company's response The Company is requesting a rate increase ranging from 9% to 40%, with most receiving 40%. The average increase is 37%.

#### Recommendation

At this time we are recommending that the Bureau **not approve** the rate filing. We have some follow up questions.





# Questions

- 1. The state grid of approvals shows Virginia as the only state where the first round of increase was not filed. Why is this?
- 2. We do not agree with your response to our request for additional information regarding the fit of the new mortality assumption to historical experience. On the one hand you argue that the durational factors are appropriate as "With over 15 years of LTCI experience, we feel that our mortality selection adjustments are appropriate." On the other hand "Given our limited mortality experience, we do not believe that breaking the mortality experience down into gender and attained age groups would provide credible information".

Please complete the following table:

	Mor	tality Actu	ial to Expecto	ed Analysis		
		Male			Female	
		D	eaths		Dea	aths
Attained Age	Exposure	Actual	Expected	Exposure	Actual	Expected
50-59						
60-69						
70-79						
80-89						
90+						

The expected deaths should recognize the selection factors.

3. We do not agree with your response to our request for an Actual to Expected morbidity analysis, where the Expected is the revised claim cost assumption. You state "Given our limited morbidity experience...", but this form alone has almost \$300 million in incurred claims. That is not limited experience. Please complete the following tables, using claim counts and life years as the measure:

Morbidity Actual to Expected Analysis				
	Male			Female
	Exposure	Claims	Exposure	Claims

Attained Age	Actual	Expected	Actual	Expected
50-59				
60-69				
70-79				
80-89				
90+				

N	Norbidity Actual to	Expected Analysis	S
		Cla	ims
Policy Duration	Exposure	Actual	Expected
1			
2			
3			
4			
5			
6			
7			
8			
9			
10+			

4. We reviewed your historical and projected experience. Please explain the pattern of earned premiums on a nationwide basis:

	Premiums without the Increase					
Year	Earned Premium	Premium Persistency				
2009	56,362,259					
2010	54,918,024	0.974				
2011	53,503,183	0.974				
2012	52,104,022	0.974				
2013	52,517,545	1.008				
2014	52,791,155	1.005				
2015	51,357,965	0.973				

The 2013 and 2014 premiums are up slightly, presumably due to the prior round of rate increase. However, using the state grid you provided, we found the first round of increases should be worth \$9.3 million of increased premium. This should increase the earned premium by roughly 18%. Looking at the premium persistency in 2013 and 2014, the increase appears to be only 6%. Your response also stated you "have not seen evidence of shock lapses". We believe your projected premium is light by about \$6 million per year, as it does not appear to fully reflect the first round of rate increases. Please explain this inconsistency.

5. It is not a material consideration, but you stated waived premiums are included in both the earned premiums and incurred claims. However, your projections only have a single value for incurred claims. We would expect the incurred claims to be 1-2% higher for the projections with the rate increase as compared to the incurred claims for the projections without the rate increase.

Janet, please let me know if any of these questions are unclear.

Sincerely,

Anthony G. Proulx, FSA, MAAA

anthony J. Prouk

Vice President & Principal

913 766-9165

Glenn A. Tobleman, F.S.A., F.C.A.S. S Scott Gibson F S A Cabe W. Chadick, F.S.A. Michael A. Mayberry, F.S.A. David M. Dillon, F.S.A. Gregory S. Wilson, F.C.A.S. Steven D. Bryson, F.S.A. Bonnie S. Albritton, F.S.A. Brian D. Rankin, F.S.A. Wesley R. Campbell, F.S.A. Jacqueline B. Lee, F.S.A. Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



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London/Kansas City Roger K. Annin, F.S.A., F.I.A.

Timothy A. DeMars, F.S.A., F.I.A. Scott E. Morrow, F.S.A., F.I.A.

#### **Baltimore**

David A. Palmer, C.F.E.

May 5, 2014

Janet Houser Insurance Market Examiner Forms and Rates Section Life and Health Division State Corporation Commission, Bureau of Insurance P.O. Box 1157 Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance

State Farm Mutual Automobile Insurance Company

Long Term Care Rate Increase

Policy Forms 97045 and riders 99504 and 99505

SERFF# STLH-129237070

#### Dear Janet:

We have reviewed the Company's response The Company is requesting a rate increase ranging from 9% to 40%, with most receiving 40%. The average increase is 37%.

#### Recommendation

At this time we are recommending that the Bureau **not approve** the rate filing. We have some follow up questions.





# Questions

- 1. We do not understand the revised morbidity assumption. The actuarial memorandum states the source is the 2011 Milliman Cost Guidelines. "These claim costs ... were adjusted based on actual experience". The actual to expected experience supplied in your last response shows an overall fit of 95%. However, the fits by attained age, gender or durations are poor. Please confirm the expected basis reflects the revised assumptions including selection. We appreciate there are credibility issues in the splits, but we believe a much better fit could have been accomplished. For instance, for ages 70-79 you show more than \$160 million in claims, but the A to E (both genders combined) is 171%. Are we incorrectly interpreting the data you sent? We are concerned that the revised morbidity assumption is not a good reflection of expected future claim experience.
- 2. What was the expected loss ratio in the original filing of this form?

Janet, please let me know if any of these questions are unclear.

Sincerely,

Anthony G. Proulx, FSA, MAAA

anthony J. Prouk

Vice President & Principal

913 766-9165

# Health Insurance Rate Request Summary Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: State Farm Mutual Automobile Insurance Company

**SERFF Tracking Number:** <u>STLH-129237070</u>

**Disposition:** Click here to enter text.

Effective Date: Click here to enter a date.

Approval:

**New Rates** 

Average Annual Premium Per Member: N/A

**Revised Rates** 

Average Annual Premium Per Member: \$1,603

Average Requested Percentage Rate Change Per Member: 37%

Minimum Requested Percentage Rate Change Per Member: 9%

Maximum Requested Percentage Rate Change Per Member: 40%

The rate increase is generally 40% with exceptions to avoid situations of the revised rates being greater than the rates currently offered on a similar product.

Summary of the Bureau of Insurance's review of the rate request:

The Company is requesting a rate increase because key assumptions used in pricing have not been met. The key assumptions are policyholder terminations arising from deaths and lapses and higher morbidity. The terminations have been much lower than expected, thereby increasing the Company's exposure to the high claims expected at advanced ages. The need for the rate increase is further exacerbated by poor claim experience.

In the early years the group of policyholders is prefunding the benefits to be paid in later years. In the early years the premium exceeds the expected claims. A reserve is established in order to fund the claims in the later years, which are very much higher than the premiums in the later years.

The terminations are a key element for two reasons. First, if too many policyholders continue their coverage, there will be much higher claims in the outer years. Second,

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

the pricing anticipates that reserves released by terminating policyholders will be used to fund the claims of persisting policyholders. If terminations are low, then the reserves released will not be sufficient.

In summary, when policyholders terminate at a lower rate

- there are more policyholders continuing to the high claim costs in later years
- there is not as much reserve being released to the group of continuing policyholders, and
- there is a larger group of continuing policyholders that need this reserve release.

Low terminations account for almost all of the requested increase. Approximately 34% of the requested 37% amount is due to low lapses and mortality. About 3% of the requested 37% is due to the revised morbidity assumption. The Company states that an average 616% rate increase is needed (discount rate of 4.5%) to restore the policy form back to its original pricing expectation. We calculated that a rate increase of 529% is needed (discount rate of 5.5%) However, they are only seeking an average 37% rate increase at this time. With the 37% increase, the Company expects to pay out 146% of the premium in claims over the lifetime of the form.

The Company is offering insureds options to reduce the premium increase by reducing their coverage. These reductions would be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions. These options are available to all policyholders, if they so desire.

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Glenn A. Tobleman, F.S.A., F.C.A.S. S Scott Gibson F S A Cabe W. Chadick, F.S.A. Michael A. Mayberry, F.S.A. David M. Dillon, F.S.A. Gregory S. Wilson, F.C.A.S. Steven D. Bryson, F.S.A. Bonnie S. Albritton, F.S.A. Brian D. Rankin, F.S.A. Wesley R. Campbell, F.S.A. Jacqueline B. Lee, F.S.A. Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



**Kansas City** 

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London/Kansas City Roger K. Annin, F.S.A., F.I.A.

Timothy A. DeMars, F.S.A., F.I.A. Scott E. Morrow, F.S.A., F.I.A.

#### **Baltimore**

David A. Palmer, C.F.E.

February 5, 2015

Janet Houser **Insurance Market Examiner** Forms and Rates Section Life and Health Division State Corporation Commission, Bureau of Insurance P.O. Box 1157 Richmond, VA 23218

Re: Actuarial Review for the Virginia Bureau of Insurance

State Farm Mutual Automobile Insurance Company

Long Term Care Rate Increase

Policy Forms 97045 and riders 99504 and 99505

SERFF# STLH-129237070

#### Dear Janet:

We have completed our review of this filing for a long term care rate increase. State Farm Mutual Automobile Insurance Company (the Company) is requesting an increase which varies by issue age, benefit period, elimination period and inflation option. The requested increase ranges from 9% to 40%. Most individuals will see a 40% rate increase; the average increase is 37%.

#### Recommendation





We recommend that the Bureau approve the requested rate increase, but see our notes on the morbidity study. Our review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

We sent three emails to the Company requesting additional information. The Company's responses clarified issues and generally provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

# **Background**

The Company is requesting a rate increase which varies by issue age, elimination period, benefit period and inflation option. The requested amount is 40% with the following table of exceptions:

	Prop	osed Rate Increase		
Policies issued < Jun 1, 2001		Policies issued > May 31, 2001 5 year bend period and 90 day elimination period		
Issue Age	Rate Increase	Issue Age	Rate Increase	
67	39%	46	37%	
68	37%	47	35%	
69	37%	48	37%	
70	32%	49	39%	
71	27%			
72	21%			
73	14%			
74	10%			
75	9%			
76+	10%			

The exceptions are to ensure the new premiums are lower than premiums offered on other currently marketed forms. New premium rates were filed and approved in Virginia in May 2000. These new rates were for new business only.

There have been no prior rate increases on these forms in Virginia. There was one prior round of increase which was filed in every state except Virginia. The Company is well along in filing this second round of increase. There are 1,142 policies inforce in Virginia with an annualized premium of \$1.3 million and 44,726 policies nationwide with an annualized premium of \$51.6 million. These are individual policies which are guaranteed renewable for life. The Company is basing the requested increase on their nationwide experience. This is appropriate as the Virginia experience has little credibility. The Virginia in force lives and premiums are about 2.6% of the nationwide in force. Additionally, there is only \$6.8 million of historical claims in Virginia. Their claim experience is not meaningful.

This is a closed block of business in Virginia. Policies were issued between February 1, 1998 and November 20, 2002. Thus the block of business is subject to the loss ratio requirements. On a nationwide basis, policies were sold 1997 to 2002.

### **Analysis - Methodology**

Our approach was to a) review the filing materials, b) check the calculation of the lifetime loss ratio, c) test the sensitivity of the lifetime loss ratio to the interest discount rate, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness and d) analyze the current increase and cumulative increase in Virginia relative to other states.

#### Credibility

This is a large block of business with more than \$770 million of earned premium thus far. The Company uses their nationwide experience from their entire block of individual long term care products to develop revised assumptions. We think this is appropriate as it uses more data and increases the credibility. Also, there is no reason to expect geographic differences in experience.

Our credibility measure is based on a letter from The American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which addresses the issue of credibility. In that letter, the working group recommends 1082 claims for full credibility. The 1082 claims ensure that the observed claims are within  $\pm$  5% of the true claims with 90% confidence. (The same analysis shows that 2,654 claims will ensure that the observed claims are within  $\pm$  5% of the true claims with 99% confidence.)

The Company's lapse study has 11,856 lapses. The lapse experience shows level lapses at durations 7 and later. For these durations there are 1,944 lapses. This is fully credible lapse experience.

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The morbidity study does not show the number of claims, but it does show the amount which is \$295 million. We estimate there are easily in excess of 3,000 claims. All three studies meet the 1,082 threshold. The Company experience is fully credible.

# **Morbidity**

We reviewed the Company's morbidity study. The Company measured their experience against the 2011 Milliman USA Long Term Care Guidelines. This is a proprietary source, but it is based on extensive industry experience and it recognizes various underwriting standards. We are comfortable with this source.

On our request, the Company provided Actual to Expected Analyses. The analysis shows only amounts, not count of claims. The overall A/E ratio is 95.0% which is reasonably good fit. However the fits by attained age, gender and duration show great volatility, even when the subsets are quite large and credible. We think the Company has done a poor job of selecting their new morbidity assumption. The A/E results should be much more consistent. The following table shows the A/E results:

	Actual	to Expected Morb	oidity Results	
Male	Life Years	Actual Claims	<b>Expected Claims</b>	Actual / Expected
< 50	19,134	413,285	1,711,322	24%
50-59	34,905	1,826,139	6,969,905	26%
60-69	77,261	8,126,777	17,930,334	45%
70-79	139,189	46,120,349	41,441,613	111%
80-89	12,235	17,025,983	50,559,609	34%
90+	3,476	9,021,561	14,171,562	64%
Total	286,200	82,534,094	132,784,346	62%
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Total	389,029	212,861,448	177,281,893	120%
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10+	143,416	120,342,602	133,576,231	90%
Total	675,229	295,395,542	310,066,239	<mark>95%</mark>

In their response to our concern with the poor fit, the Company stated "Given that these rates are not gender distinct we do not believe it is appropriate to adjust them by gender." **We could not disagree more.** This is an issue with claim costs, not with premiums. Also, the problem is not just with the gender fit, it is also a poor fit by policy duration and attained age.

Having said that, we also recognize this is a very poor performing block of business. As an extreme test, we cut the projected incurred claims in half. These results are also shown in the Loss Ratio section. Even at this extreme, the rate increase is justified. Otherwise we would not be recommending approval.

#### <u>Mortality</u>

We reviewed the results of the Company's Actual to Expected mortality analysis. The revised assumption is based on Company wide experience. This is appropriate as it yields greater credibility and there is no reason to expect mortality to vary by block of business. The Company is using the 2012 Individual Annuity Mortality (IAM) table. We cannot comment on the appropriateness of this table other than to say it is a recent table and we have not seen it used for Long Term Care insurance before. However, the tables normally used are annuity tables, often with an adjustment factor. The Company's A/E analysis showed a good fit by duration with underwriting selection factors. The implied selection factors show a smooth progression, reaching an ultimate level of .91 in policy year 9. The A/E analysis is based on the Company's entire block of LTC business. At our request the Company provided additional analysis by attained age and gender. Each of these analyses shows a reasonably good fit of the new

assumption to the actual historical experience. The overall Actual to Expected ratio is 103.5%. The attained age groups show a slight understatement at ages below 70 and a slight overstatement at ages above 69. This might indicate the slope of the 2012 IAM does not exactly match the actual experience. But the data at the extreme ages is thin. The data by gender shows a good fit; the male A/E is 107.4% and the female A/E is 99.6%. Again, the company is using a recognized table with adjustments. This is the preferred approach. The fit is reasonably good.

#### **Lapses**

We reviewed the Company's lapse assumption. All policies are at least in their 10<sup>th</sup> year, so we are only concerned with the ultimate lapse rate. We grouped their experience based on several definitions of ultimate, with the following results:

	Lapse Expe	rience	
Policy Durations	Exposure	Actual Lapses	Lapse Rate
7+	247,122	1,944	0.787%
8+	196,831	1,520	0.772%
9+	147,366	1,103	0.748%
10+	100,943	717	0.710%

The combined experience is very insensitive to the definition of the ultimate period. The Company is using an ultimate lapse rate of 0.70%, which is consistent with their experience. There is no recognized lapse table for long term care insurance. However, in our experience in reviewing long term care rate increase filings, the ultimate lapse rate is generally in the range of 0.75% - 1.50%. The Company's ultimate lapse rate of 0.70% is at the bottom of the range, but it is well supported by the Company experience.

### **Financial Projections**

The projections do not include any shock lapses, related anti-selection, benefit buy-downs or a shift to nonforfeiture status. The Company responded they have not seen any evidence of shock lapses with the first round of rate increases. About half of our reviews include a small amount of shock lapses and related anti-selection. These tend to offset each other. They are not a critical part of the projections.

The Company has neither morbidity nor mortality improvements in their projections. In our review work, we see that about half of the companies use a morbidity and mortality improvement in their projections. The mortality improvements serve to increase the lifetime loss ratio; the morbidity improvements clearly lower the lifetime loss ratio. They work to offset each other, but

the morbidity improvements carry a larger weight. The exclusion of improvements is not unusual.

We reviewed the financial projections. The Company stated the revised assumptions are current best estimate assumptions and do not include any provision for moderately adverse experience. There are no rate guarantees on this block and all policies were written on a lifetime premium paying period.

The projections are sensitive to three key assumptions – slope of the annual loss ratios, persistency of the block and the interest discount rate.

We reviewed the loss ratios in the projection period. The annual loss ratios should be in the same proportion as the attained age claim costs. Our rule of thumb for a block of business with 67% of the policies having automatic inflation protection is 12-16%. Further we expect a significant slowdown at the highest attained ages. The slope in the Company's projections starts at 12% in 2013, climbs for a few years to 15% and then steadily declines over the length of the projection period, ending at an ultimate slope of 1.5%. This is an older block (issued prior to 2003) so all the underwriting selection has worn off and there is no need to adjust for this element. The slope is very much within our expectations.

We also reviewed the loss ratio during the transition from the historical to the projected period. The historical experience is quite large and it yielded very consistent results. No matter how we defined the baseline period, the implicit slope was 14-15%, which is also consistent with the slope at the beginning of the projection period. This is a very smooth transition from the historical to the projected period. We found the pattern of loss ratios in the projection period and the transition loss ratio to be consistent and reasonable.

We compared the premiums with and without the rate increase. Once the rate increase is fully effective (2015) the overall initial effect is about a 35% increase. This ratio increases slightly throughout the projection period as the younger issue ages, with a 40% rate increase, become a more dominant proportion of the total block. The ultimate ratio is 39% which is consistent with the 40% rate increase at the youngest ages.

We also compared the incurred claims with and without the rate increase. The Company is using the same incurred claims for both sets of projections. As they are assuming no buy-downs, shock lapses or anti-selection, this is reasonable. The incurred claims include waived premiums so the incurred claims with the rate increase should be 1-2% higher. The Company responded they did

not reflect this and slightly higher incurred claims would only justify a larger rate increase. We found this to be a reasonable explanation.

We analyzed the premium persistency pattern. Based on the revised assumptions for mortality and lapses and using the distribution of in-force business, we built a model to predict persistency. Our model closely matched the Company's implied persistency throughout the projection period. We are generally within 2% of the Company's persistency. Given the limitations of our simple model, we consider this a good fit. The projections appear to accurately reflect the revised lapse and mortality assumptions.

We were able to exactly match the Company's present value calculations, assuming the timing of earned premium and incurred claims is at the beginning of the calendar year. The timing is not important, as long as it is consistent between the historical and projected periods. It is consistent.

We calculated the loss ratios on a range of assumptions. We calculated loss ratios with and without the active life reserve and at various interest rates. 14VAC-200-150B requires the inclusion of active life reserves (ALR) in the calculation. The Company provided a set of ALR balances as of year ends 1997-2012. We also tested assuming future incurred claims are only 50% of the Company's projected values, as noted in the Morbidity section.

Virginia also requires the use of the pricing interest rate to be used in discounting and accumulating in the present value calculations. The Company's original pricing assumption was 5.50%. The Company also did re-pricing in June 2001 with a net investment rate of 4.50%. Less than 20% of the block was issued under the new rate. All policies were issued from 1997-2003, during which time the NAIC valuation rate was 4.50% in all years. Our testing included the NAIC rate. The pricing rate is highlighted in green and the valuation rate is in yellow. The result of our testing is:

	Loss Ra	tio Testing	With the Pr	oposed Ra	ate Increase	
	A	nalysis wi	th 100% Fut	ure Morb	idity	
	<b>Excluding Active Life Reserves</b>			<b>Including Active Life Reserves</b>		
Interest						
Rate	Past	Future	Lifetime	Past	Future	Lifetime
3.00%	35.5%	427.8%	219.0%	75.4%	390.9%	222.9%

3.50%	35.1%	406.1%	201.1%	74.9%	367.5%	205.8%	
4.00%	34.7%	386.2%	185.1%	74.4%	345.9%	190.6%	
4.50%	34.3%	368.0%	170.8%	73.8%	326.1%	177.0%	
5.00%	33.8%	351.2%	157.8%	73.3%	307.7%	164.9%	
5.50%	33.4%	335.9%	146.2%	72.8%	290.7%	154.0%	
6.00%	33.0%	321.8%	135.7%	72.3%	274.9%	144.3%	
		Analysis w	ith 50% Fut	ure Morbi	dity		
	Excluding	Active Lif	e Reserves	Including Active Life Reserves			
Interest							
Rate	Past	Future	Lifetime	Past	Future	Lifetime	
3.00%	<b>Past</b> 35.5%	<b>Future</b> 213.9%	<b>Lifetime</b> 118.9%	<b>Past</b> 75.4%	<b>Future</b> 231.3%	Lifetime 138.0%	
3.00%	35.5%	213.9%	118.9%	75.4%	231.3%	138.0%	
3.00%	35.5% 35.1%	213.9% 203.0%	118.9% 110.3%	75.4% 74.9%	231.3% 214.6%	138.0% 128.4%	
3.00% 3.50% 4.00%	35.5% 35.1% 34.7%	213.9% 203.0% 193.1%	118.9% 110.3% 102.5%	75.4% 74.9% 74.4%	231.3% 214.6% 199.1%	138.0% 128.4% 119.9%	
3.00% 3.50% 4.00% 4.50%	35.5% 35.1% 34.7% 34.3%	213.9% 203.0% 193.1% 184.0%	118.9% 110.3% 102.5% 95.5%	75.4% 74.9% 74.4% 73.8%	231.3% 214.6% 199.1% 184.8%	138.0% 128.4% 119.9% 112.4%	

# There are a number of observations:

- The past loss ratio is quite insensitive to the interest discount rate because the bulk of the claims have come in the past 4 years.
- The inclusion of ALR greatly increases the past loss ratio from 35% to 75%.
- The inclusion of ALR decreases the future loss ratio by 30-50%.
- The inclusion of ALR increases the lifetime loss ratio by about 5%
- Even with a greatly reduced morbidity assumption, the future loss ratio and lifetime loss ratio are easily met.
- In all cases, all future and lifetime loss ratios exceed the statutory requirement of 60%.

# **Other Considerations**

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We reviewed the approvals in other states. This is the second round of increase in all states except Virginia, for which the Company did not file in the first round. Some of the first round increases are still pending. The following chart shows the counts and premiums by each combination of statuses for both filings.

Cumulative Increase by Combinations of Statuses						
Decisions	Status 1	Status 2	Count	Premium	Increase	Cum %
Final	Approved	Approved	26	18,556,914	10,372,519	55.9%
	Approved	Disapproved	6	3,848,598	1,337,185	34.7%
Not Final	Approved	Pending	2	2,768,432	464,558	16.8%
	Approved	Not Yet Filed	8	11,101,705	2,899,813	26.1%
	Disapproved	Pending	2	1,292,368	0	0.0%
	Disapproved	Not Yet Filed	1	59,168	0	0.0%
	Pending	Not Yet Filed	2	12,606,631	0	0.0%
(VA)	Not Filed	Pending	1	1,338,149	0	0.0%
	Total		48	51,571,965	17,582,072	34.1%

For those states where a final decision has been made on both rounds, the average increase is 52.3%. For those states where a final decision has been made only on the first round, the average increase is only 20.3%. If none of the pending states approve the second round (unlikely), the cumulative average increase is 34.1%. The approval of the full requested increase of 37% would put Virginia below the expected nationwide average.

The policyholder has the following options:

- Accept the rate increase
- Reduce the daily benefit
- Decrease the benefit period
- Increase the elimination period
- Cancel optional riders

#### **NAIC Model Bulletin**

The filing was also reviewed in light of the NAIC Model Bulletin regarding LTC rate increase approved in December 2013. The Company provided financials for this pre-rate stabilization block. These financials used the maximum valuation interest rate (4.5%). In addition, we were able to run our own set of present value calculations and perform the NAIC Model Bulletin revised loss ratio test. The following shows the results at various interest rates and with and without active life reserves in the following table. The loss ratio test is met at the maximum valuation rate for both with and without active life reserves. The filing complies with the requirements of the NAIC Model Bulletin. We performed the analysis using a 50% morbidity assumption, therefore the ratio will also comply using 100% morbidity.

Pre Rate Stabilization Block  NAIC Model Bulletin – New Loss Ratio Test – With 50% Morbidity							
Without Active Life Reserves	3.00%	647,814,355	198,790,399	60% Orig 80% Incr	1,126,088,087	2,153,592,058	Pass
	3.50%	621,386,047	189,325,866		1,124,710,870	1,997,405,774	Pass
	4.00%	596,950,121	180,588,838		1,126,042,606	1,861,706,785	Pass
	4.50%	574,308,026	172,506,000		1,129,945,421	1,743,616,660	Pass
	5.00%	553,284,978	165,012,889		1,136,304,431	1,640,714,201	Pass
	5.50%	533,726,707	158,052,671		1,145,024,886	1,550,957,478	Pass
	6.00%	515,496,707	151,575,109		1,156,029,753	1,472,619,981	<b>Pass</b>
	3.00%	647,814,355	198,790,399	60% Orig 80% Incr	1,126,088,087	2,225,016,855	Pass
With Active Life Reserves	3.50%	621,386,047	189,325,866		1,124,710,870	2,082,487,397	<b>Pass</b>
	4.00%	596,950,121	180,588,838		1,126,042,606	1,961,003,629	<b>Pass</b>
	4.50%	574,308,026	172,506,000		1,129,945,421	1,857,710,772	<b>Pass</b>
	5.00%	553,284,978	165,012,889		1,136,304,431	1,770,212,260	<b>Pass</b>
	5.50%	533,726,707	158,052,671		1,145,024,886	1,696,491,812	Pass
	6.00%	515,496,707	151,575,109		1,156,029,753	1,634,849,627	Pass

#### **Conclusions**

The requested rate increase is generally 40%, but there are exceptions to ensure the revised rates do not exceed premium rates currently offered in similar products.

The Company provided support for their revised assumptions for morbidity, mortality and lapses. The new mortality and lapse assumptions fit the historical experience very well across multiple parameters. The overall morbidity assumption was a 95% fit, but the fit was quite poor across gender, attained age and policy duration. Therefore we did an extreme test where future claims were halved and the loss ratio requirement was still met.

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The block easily meets the 60% loss ratio requirement (future and lifetime) under all scenarios of interest rates.

# **Reliance and Qualification**

The purpose of this document is to communicate our review of this filing. The use of this report by parties outside of the Virginia Bureau of Insurance is unauthorized. Outside parties rely on this report at their own risk.

Our conclusions are based on information supplied by the State Farm Mutual Automobile Insurance Company both in the filing and in their response to our questions. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.

Sincerely,

Michael A. Brown, FSA, MAAA

Michael Brown

Vice President (913)-766-9137

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**Baltimore** 

David A. Palmer, C.F.E.

June 20, 2014

Janet Houser **Insurance Market Examiner** Forms and Rates Section Life and Health Division State Corporation Commission, Bureau of Insurance P.O. Box 1157 Richmond, VA 23218

Actuarial Review for the Virginia Bureau of Insurance Re:

State Farm Mutual Automobile Insurance Company

Long Term Care Rate Increase

Policy Forms 97045 and riders 99504 and 99505

SERFF# STLH-129237070

#### Dear Janet:

We have completed our review of this filing for a long term care rate increase. State Farm Mutual Automobile Insurance Company (the Company) is requesting an increase which varies by issue age, benefit period, elimination period and inflation option. The requested increase ranges from 9% to 40%. Most individuals will see a 40% rate increase; the average increase is 37%.

#### Recommendation





We recommend that the Bureau approve the requested rate increase, but see our notes on the morbidity study. Our review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

We sent three emails to the Company requesting additional information. The Company's responses clarified issues and generally provided greater support for the requested increase. The Bureau was involved in all correspondence between us and the Company.

# **Background**

The Company is requesting a rate increase which varies by issue age, elimination period, benefit period and inflation option. The requested amount is 40% with the following table of exceptions:

Proposed Rate Increase						
Policies issue	d < Jun 1, 2001	Policies issued > May 31, 2001 5 year benefit period and 90 day elimination period				
Issue Age	Rate Increase	Issue Age	Rate Increase			
67	39%	46	37%			
68	37%	47	35%			
69	37%	48	37%			
70	32%	49	39%			
71	27%					
72	21%					
73	14%					
74	10%					
75	9%					
76+	10%					

The exceptions are to ensure the new premiums are lower than premiums offered on other currently marketed forms. New premium rates were filed and approved in Virginia in May 2000. These new rates were for new business only.

There have been no prior rate increases on these forms in Virginia. There was one prior round of increase which was filed in every state except Virginia. The Company is well along in filing this second round of increase. There are 1,142 policies inforce in Virginia with an annualized premium of \$1.3 million and 44,726 policies nationwide with an annualized premium of \$51.6 million. These are individual policies which are guaranteed renewable for life. The Company is basing the requested increase on their nationwide experience. This is appropriate as the Virginia experience has little credibility. The Virginia in force lives and premiums are about 2.6% of the nationwide in force. Additionally, there is only \$6.8 million of historical claims in Virginia Their claim experience is not meaningful.

This is a closed block of business in Virginia. Policies were issued between February 1, 1998 and November 20, 2002. Thus the block of business is subject to the loss ratio requirements. On a nationwide basis, policies were sold 1997 to 2002.

### **Analysis - Methodology**

Our approach was to a) review the filing materials, b) check the calculation of the lifetime loss ratio, c) test the sensitivity of the lifetime loss ratio to the interest discount rate, d) review the experience studies which support the revised assumptions, e) review the projections for reasonableness and d) analyze the current increase and cumulative increase in Virginia relative to other states.

#### Credibility

This is a large block of business with more than \$770 million of earned premium thus far. The Company uses their nationwide experience from their entire block of individual long term care products to develop revised assumptions. We think this is appropriate as it uses more data and increases the credibility. Also, there is no reason to expect geographic differences in experience.

Our credibility measure is based on a letter from The American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which addresses the issue of credibility. In that letter, the working group recommends 1082 claims for full credibility. The 1082 claims ensure that the observed claims are within  $\pm$  5% of the true claims with 90% confidence. (The same analysis shows that 2,654 claims will ensure that the observed claims are within  $\pm$  5% of the true claims with 99% confidence.)

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On our request, the Company provided Actual to Expected Analyses. The analysis shows only amounts, not count of claims. The overall A/E ratio is 95.0% which is reasonably good fit. However the fits by attained age, gender and duration show great volatility, even when the subsets are quite large and credible. We think the Company has done a poor job of selecting their new morbidity assumption. The A/E results should be much more consistent. The following table shows the A/E results:

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6	49,172	23,678,925	17,730,178	134%
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In their response to our concern with the poor fit, the Company stated "Given that these rates are not gender distinct we do not believe it is appropriate to adjust them by gender." **We could not disagree more.** This is an issue with claim costs, not with premiums. Also, the problem is not just with the gender fit, it is also a poor fit by policy duration and attained age.

Having said that, we also recognize this is a very poor performing block of business. As an extreme test, we cut the projected incurred claims in half. These results are also shown in the Loss Ratio section. Even at this extreme, the rate increase is justified. Otherwise we would not be recommending approval.

#### Mortality

We reviewed the results of the Company's Actual to Expected mortality analysis. The revised assumption is based on Company wide experience. This is appropriate as it yields greater credibility and there is no reason to expect mortality to vary by block of business. The Company is using the 2012 Individual Annuity Mortality (IAM) table. We cannot comment on the appropriateness of this table other than to say it is a recent table and we have not seen it used for Long Term Care insurance before. However, the tables normally used are annuity tables, often with an adjustment factor. The Company's A/E analysis showed a good fit by duration with underwriting selection factors. The implied selection factors show a smooth progression, reaching an ultimate level of .91 in policy year 9. The A/E analysis is based on the Company's entire block of LTC business. At our request the Company provided additional analysis by attained age and gender. Each of these analyses shows a reasonably good fit of the new

assumption to the actual historical experience. The overall Actual to Expected ratio is 103.5%. The attained age groups show a slight understatement at ages below 70 and a slight overstatement at ages above 69. This might indicate the slope of the 2012 IAM does not exactly match the actual experience. But the data at the extreme ages is thin. The data by gender shows a good fit; the male A/E is 107.4% and the female A/E is 99.6%. Again, the company is using a recognized table with adjustments. This is the preferred approach. The fit is reasonably good.

#### **Lapses**

We reviewed the Company's lapse assumption. All policies are at least in their 10<sup>th</sup> year, so we are only concerned with the ultimate lapse rate. We grouped their experience based on several definitions of ultimate, with the following results:

Lapse Experience						
Policy Durations	Exposure	Actual Lapses	Lapse Rate			
7+	247,122	1,944	0.787%			
8+	196,831	1,520	0.772%			
9+	147,366	1,103	0.748%			
10+	100,943	717	0.710%			

The combined experience is very insensitive to the definition of the ultimate period. The Company is using an ultimate lapse rate of 0.70%, which is consistent with their experience. There is no recognized lapse table for long term care insurance. However, in our experience in reviewing long term care rate increase filings, the ultimate lapse rate is generally in the range of 0.75% - 1.50%. The Company's ultimate lapse rate of 0.70% is at the bottom of the range, but it is well supported by the Company experience.

### **Financial Projections**

The projections do not include any shock lapses, related anti-selection, benefit buy-downs or a shift to nonforfeiture status. The Company responded they have not seen any evidence of shock lapses with the first round of rate increases. About half of our reviews include a small amount of shock lapses and related anti-selection. These tend to offset each other. They are not a critical part of the projections.

The Company has neither morbidity nor mortality improvements in their projections. In our review work, we see that about half of the companies use a morbidity and mortality improvement in their projections. The mortality improvements serve to increase the lifetime loss ratio; the morbidity improvements clearly lower the lifetime loss ratio. They work to offset each other, but

the morbidity improvements carry a larger weight. The exclusion of improvements is not unusual.

We reviewed the financial projections. The Company stated the revised assumptions are current best estimate assumptions and do not include any provision for moderately adverse experience. There are no rate guarantees on this block and all policies were written on a lifetime premium paying period.

The projections are sensitive to three key assumptions – slope of the annual loss ratios, persistency of the block and the interest discount rate.

We reviewed the loss ratios in the projection period. The annual loss ratios should be in the same proportion as the attained age claim costs. Our rule of thumb for a block of business with 67% of the policies having automatic inflation protection is 12-16%. Further we expect a significant slowdown at the highest attained ages. The slope in the Company's projections starts at 12% in 2013, climbs for a few years to 15% and then steadily declines over the length of the projection period, ending at an ultimate slope of 1.5%. This is an older block (issued prior to 2003) so all the underwriting selection has worn off and there is no need to adjust for this element. The slope is very much within our expectations.

We also reviewed the loss ratio during the transition from the historical to the projected period. The historical experience is quite large and it yielded very consistent results. No matter how we defined the baseline period, the implicit slope was 14-15%, which is also consistent with the slope at the beginning of the projection period. This is a very smooth transition from the historical to the projected period. We found the pattern of loss ratios in the projection period and the transition loss ratio to be consistent and reasonable.

We compared the premiums with and without the rate increase. Once the rate increase is fully effective (2015) the overall initial effect is about a 35% increase. This ratio increases slightly throughout the projection period as the younger issue ages, with a 40% rate increase, become a more dominant proportion of the total block. The ultimate ratio is 39% which is consistent with the 40% rate increase at the youngest ages.

We also compared the incurred claims with and without the rate increase. The Company is using the same incurred claims for both sets of projections. As they are assuming no buy-downs, shock lapses or anti-selection, this is reasonable. The incurred claims include waived premiums so the incurred claims with the rate increase should be 1-2% higher. The Company responded they did

not reflect this and slightly higher incurred claims would only justify a larger rate increase. We found this to be a reasonable explanation.

We analyzed the premium persistency pattern. Based on the revised assumptions for mortality and lapses and using the distribution of in-force business, we built a model to predict persistency. Our model closely matched the Company's implied persistency throughout the projection period. We are generally within 2% of the Company's persistency. Given the limitations of our simple model, we consider this a good fit. The projections appear to accurately reflect the revised lapse and mortality assumptions.

We were able to exactly match the Company's present value calculations, assuming the timing of earned premium and incurred claims is at the beginning of the calendar year. The timing is not important, as long as it is consistent between the historical and projected periods. It is consistent.

We calculated the loss ratios on a range of assumptions. We calculated loss ratios with and without the active life reserve and at various interest rates. 14VAC-200-150B requires the inclusion of active life reserves (ALR) in the calculation. The Company provided a set of ALR balances as of year ends 1997-2012. We also tested assuming future incurred claims are only 50% of the Company's projected values, as noted in the Morbidity section.

Virginia also requires the use of the pricing interest rate to be used in discounting and accumulating in the present value calculations. The Company's original pricing assumption was 5.50%. The Company also did re-pricing in June 2001 with a net investment rate of 4.50%. Less than 20% of the block was issued under the new rate. All policies were issued from 1997-2003, during which time the NAIC valuation rate was 4.50% in all years. Our testing included the NAIC rate. The pricing rate is highlighted in green and the valuation rate is in yellow. The result of our testing is:

	Loss Ra	tio Testing	With the Pr	oposed R	ate Increase	:	
	A	analysis wi	th 100% Fut	ure Morb	idity		
	Excluding Active Life Reserves   Including Active Life Reserves						
Interest Rate	Past	Future	Lifetime	Past Future Lifetime			
3.00%	00% 35.5% 427.8% 219.0% 75.4% 390.9% 222.9						

3.50%	35.1%	406.1%	201.1%	74.9%	367.5%	205.8%	
4.00%	34.7%	386.2%	185.1%	74.4%	345.9%	190.6%	
4.50%	34.3%	368.0%	170.8%	73.8%	326.1%	177.0%	
5.00%	33.8%	351.2%	157.8%	73.3%	307.7%	164.9%	
5.50%	33.4%	335.9%	146.2%	72.8%	290.7%	154.0%	
6.00%	33.0%	321.8%	135.7%	72.3%	274.9%	144.3%	
		Analysis w	ith 50% Fut	ure Morbi	dity		
	Excluding	Active Lif	e Reserves	<b>Including Active Life Reserves</b>			
Interest							
<b>—</b> .							
Rate	Past	Future	Lifetime	Past	Future	Lifetime	
3.00%	<b>Past</b> 35.5%	<b>Future</b> 213.9%	<b>Lifetime</b> 118.9%	<b>Past</b> 75.4%	<b>Future</b> 231.3%	Lifetime 138.0%	
3.00%	35.5%	213.9%	118.9%	75.4%	231.3%	138.0%	
3.00%	35.5% 35.1%	213.9% 203.0%	118.9% 110.3%	75.4% 74.9%	231.3% 214.6%	138.0% 128.4%	
3.00% 3.50% 4.00%	35.5% 35.1% 34.7%	213.9% 203.0% 193.1%	118.9% 110.3% 102.5%	75.4% 74.9% 74.4%	231.3% 214.6% 199.1%	138.0% 128.4% 119.9%	
3.00% 3.50% 4.00% 4.50%	35.5% 35.1% 34.7% 34.3%	213.9% 203.0% 193.1% 184.0%	118.9% 110.3% 102.5% 95.5%	75.4% 74.9% 74.4% 73.8%	231.3% 214.6% 199.1% 184.8%	138.0% 128.4% 119.9% 112.4%	

### There are a number of observations:

- The past loss ratio is quite insensitive to the interest discount rate because the bulk of the claims have come in the past 4 years.
- The inclusion of ALR greatly increases the past loss ratio from 35% to 75%.
- The inclusion of ALR decreases the future loss ratio by 30-50%.
- The inclusion of ALR increases the lifetime loss ratio by about 5%
- Even with a greatly reduced morbidity assumption, the future loss ratio and lifetime loss ratio are easily met.
- In all cases, all future and lifetime loss ratios exceed the statutory requirement of 60%.

## **Other Considerations**

Janet Houser 6/20/2014 Page 10

We reviewed the approvals in other states. This is the second round of increase in all states except Virginia, for which the Company did not file in the first round. Some of the first round increases are still pending. The following chart shows the counts and premiums by each combination of statuses for both filings.

	Cumulat	tive Increase by	Combina	tions of Statu	ises	
Decisions	Status 1	Status 2	Count	Premium	Increase	Cum %
Final	Approved	Approved	26	18,556,914	10,372,519	55.9%
	Approved	Disapproved	6	3,848,598	1,337,185	34.7%
Not Final	Approved	Pending	2	2,768,432	464,558	16.8%
	Approved	Not Yet Filed	8	11,101,705	2,899,813	26.1%
	Disapproved	Pending	2	1,292,368	0	0.0%
	Disapproved	Not Yet Filed	1	59,168	0	0.0%
	Pending	Not Yet Filed	2	12,606,631	0	0.0%
(VA)	Not Filed	Pending	1	1,338,149	0	0.0%
	Total		48	51,571,965	17,582,072	34.1%

For those states where a final decision has been made on both rounds, the average increase is 52.3%. For those states where a final decision has been made only on the first round, the average increase is only 20.3%. If none of the pending states approve the second round (unlikely), the cumulative average increase is 34.1%. The approval of the full requested increase of 37% would put Virginia below the expected nationwide average.

The policyholder has the following options:

- Accept the rate increase
- Reduce the daily benefit
- Decrease the benefit period
- Increase the elimination period
- Cancel optional riders

#### **Conclusions**

The requested rate increase is generally 40%, but there are exceptions to ensure the revised rates do not exceed premium rates currently offered in similar products.

The Company provided support for their revised assumptions for morbidity, mortality and lapses. The new mortality and lapse assumptions fit the historical experience very well across multiple parameters. The overall morbidity assumption was a 95% fit, but the fit was quite poor across gender, attained age and policy duration. Therefore we did an extreme test where future claims were halved and the loss ratio requirement was still met.

The block easily meets the 60% loss ratio requirement (future and lifetime) under all scenarios of interest rates.

### **Reliance and Qualification**

The purpose of this document is to communicate our review of this filing. The use of this report by parties outside of the Virginia Bureau of Insurance is unauthorized. Outside parties rely on this report at their own risk.

Our conclusions are based on information supplied by the State Farm Mutual Automobile Insurance Company both in the filing and in their response to our questions. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.

Sincerely,

Anthony G. Proulx, FSA, MAAA

anthony J. Prouk

Vice President & Principal

(913)-766-9165

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070

Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Long Term Care Insurance **Project Name/Number:** 2013 VA LTCI 97045 Series/

## Post Submission Update Request Processed On 06/10/2015

Status: Allowed

Created By: Emily Ehrstein Processed By: Janet Houser

Comments:

## **Company Rate Information:**

Company Name: State Farm Mutual Automobile Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	36.400%	37.000%
Written Premium Change for this Progra	m\$455282	\$495115
Number of Policy Holders Affected for th	1142	
Program		
Written Premium for this Program	\$1250775	\$1338149
Maximum %Change (where required)	41.900%	9.000%
Minimum %Change (where required)	9.000%	40.000%

SERFF Tracking #: State Tracking #: STLH-129237070 Company Tracking #: STLH-129237070 2013 VA LTC 97045 SERIES

Virginia Filing Company: State Farm Mutual Automobile Insurance Company

LTC03I Individual Long Term Care/LTC03I.001 Qualified TOI/Sub-TOI:

Product Name: Long Term Care Insurance Project Name/Number: 2013 VA LTCI 97045 Series/

## Form Schedule

State:

Lead F	_ead Form Number: 97045VA.1							
Item	Schedule Item	Form	Form	Form	Form	Action Specific	Readability	
No.	Status	Name	Number	Туре	Action	Data	Score	Attachments
1	Withdrawn 04/04/2016	LONG-TERM CARE COVERAGE CHANGE	A-LTCICHG	ОТН	Other		65.200	
2	Filed 05/05/2016	Policyholder Notification Letter for Rate Increase		OTH	Other		42.400	97045 VA Policyholder Letter -Final Version.pdf

Form Type Legend:

	po = -90		
ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
ОТН	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



## State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

<for YEAR TWO>

Your <MODE> premium for <CURRENT YEAR PLUS 12 MONTHS> will be \$<SECOND YEAR RENEWAL AMOUNT>.

<for YEAR THREE>

Your <MODE> premium for <CURRENT YEAR PLUS 24 MONTHS> will be

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 6

\$<THIRD YEAR RENEWAL AMOUNT>.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission). Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional</p>

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 3 of 6

detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE> <AGENT PHONE NUMBER>

### **Questions and Answers**

## 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

### 2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

## 3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission).

# 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

## 5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

## 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

## 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

## 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. This increase is being phased over three years. Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission).

### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 6 of 6

# 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

 SERFF Tracking #:
 STLH-129237070
 State Tracking #:
 STLH-129237070
 Company Tracking #:
 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance
Project Name/Number: 2013 VA LTCI 97045 Series/

## **Rate Information**

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

**Effective Date of Last Rate Revision:** 

Filing Method of Last Filing: N/A

## **Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
State Farm Mutual Automobile Insurance Company	214.000%	36.400%	\$455,282	1,097	\$1,250,775	41.900%	9.000%

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	97045VA.1, 99504VA, and 99505	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 36.4	Proposed Rate Table A91 - Prior to June 1, 2001 - Year 1.pdf, Proposed Rate Table A92 - Prior to June 1, 2001 - Year 2.pdf, Proposed Rate Table A03 - Prior to June 1, 2001 - Year 3.pdf, Proposed Rate Table A94 - On or After June 1, 2001 - Year 1.pdf, Proposed Rate Table A95 - On or After June 1, 2001 - Year 2.pdf, Proposed Rate Table A96 - On or After June 1, 2001 - Year 2.pdf, Proposed Rate Table A04 - On or After June 1, 2001 - Year 3.pdf,

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		riod	90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.92	\$1.48	\$1.92	\$0.83	\$1.33	\$1.77	
30-34	\$1.21	\$1.95	\$2.53	\$1.09	\$1.75	\$2.33	
35-39	\$1.57	\$2.52	\$3.28	\$1.41	\$2.27	\$3.03	
40	\$1.77	\$2.85	\$3.70	\$1.59	\$2.57	\$3.42	
41	\$1.85	\$2.97	\$3.87	\$1.66	\$2.68	\$3.56	
42	\$1.94	\$3.10	\$4.03	\$1.74	\$2.80	\$3.73	
43	\$2.05	\$3.28	\$4.27	\$1.84	\$2.96	\$3.94	
44	\$2.16	\$3.46	\$4.51	\$1.94	\$3.13	\$4.17	
45	\$2.27	\$3.64	\$4.74	\$2.04	\$3.28	\$4.38	
46	\$2.39	\$3.82	\$4.98	\$2.14	\$3.45	\$4.59	
47	\$2.53	\$4.07	\$5.29	\$2.27	\$3.66	\$4.89	
48	\$2.66	\$4.25	\$5.55	\$2.38	\$3.83	\$5.12	
49	\$2.77	\$4.44	\$5.79	\$2.49	\$4.00	\$5.36	
50	\$2.89	\$4.62	\$6.05	\$2.59	\$4.16	\$5.59	
51	\$3.00	\$4.81	\$6.30	\$2.70	\$4.33	\$5.83	
52	\$3.13	\$4.99	\$6.56	\$2.80	\$4.49	\$6.06	
53	\$3.27	\$5.24	\$6.94	\$2.94	\$4.73	\$6.41	
54	\$3.43	\$5.50	\$7.32	\$3.07	\$4.95	\$6.77	
55	\$3.57	\$5.76	\$7.70	\$3.21	\$5.19	\$7.12	
56	\$3.75	\$6.06	\$8.15	\$3.37	\$5.47	\$7.53	
57	\$3.98	\$6.43	\$8.65	\$3.57	\$5.79	\$8.00	
58	\$4.24	\$6.84	\$9.17	\$3.81	\$6.16	\$8.48	
59	\$4.53	\$7.27	\$9.72	\$4.07	\$6.56	\$8.99	
60	\$4.84	\$7.77	\$10.31	\$4.35	\$6.99	\$9.54	
61	\$5.19	\$8.32	\$11.00	\$4.66	\$7.49	\$10.18	
62	\$5.58	\$8.93	\$11.81	\$5.02	\$8.06	\$10.93	
63	\$5.98	\$9.59	\$12.71	\$5.38	\$8.65	\$11.76	
64	\$6.40	\$10.28	\$13.66	\$5.75	\$9.27	\$12.63	
65	\$6.87	\$11.05	\$14.74	\$6.17	\$9.96	\$13.63	
66	\$7.43	\$11.98	\$16.00	\$6.68	\$10.79	\$14.80	
67	\$8.11	\$13.12	\$17.54	\$7.30	\$11.82	\$16.22	
68	\$8.92	\$14.43	\$19.26	\$8.01	\$13.01	\$17.82	
69	\$9.81	\$15.88	\$21.16	\$8.81	\$14.30	\$19.57	
70	\$10.80	\$17.52	\$23.29	\$9.72	\$15.78	\$21.54	
71	\$11.97	\$19.42	\$25.75	\$10.76	\$17.49	\$23.81	
72	\$13.30	\$21.66	\$28.62	\$11.96	\$19.52	\$26.46	
73	\$15.16	\$24.81	\$32.60	\$13.63	\$22.36	\$30.15	
74	\$16.71	\$27.46	\$35.92	\$15.02	\$24.74	\$33.21	
75	\$18.36	\$30.28	\$39.47	\$16.50	\$27.28	\$36.49	
76	\$20.35	\$33.66	\$43.75	\$18.29	\$30.33	\$40.45	
77	\$22.18	\$36.75	\$47.65	\$19.93	\$33.12	\$44.07	
78	\$24.99	\$41.43	\$53.71	\$22.46	\$37.33	\$49.68	
79	\$27.81	\$46.10	\$59.77	\$24.99	\$41.54	\$55.28	
80	\$30.62	\$50.78	\$65.84	\$27.53	\$45.75	\$60.87	
81	\$33.45	\$55.44	\$71.90	\$30.06	\$49.96	\$66.48	
82	\$36.27	\$60.12	\$77.95	\$32.60	\$54.18	\$72.08	
83	\$39.08	\$64.79	\$84.01	\$35.13	\$58.39	\$77.68	
84	\$41.90	\$69.47	\$90.07	\$37.66	\$62.59	\$83.29	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 I	Day Elimination Pe		90 I	Day Elimination Pe	
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.52	\$0.80	\$1.10	\$0.46	\$0.73	\$1.02
30-34	\$0.67	\$1.05	\$1.45	\$0.61	\$0.95	\$1.34
35-39	\$0.87	\$1.37	\$1.87	\$0.80	\$1.23	\$1.74
40	\$0.99	\$1.55	\$2.12	\$0.90	\$1.40	\$1.96
41	\$1.03	\$1.61	\$2.21	\$0.93	\$1.46	\$2.05
42	\$1.08	\$1.68	\$2.31	\$0.97	\$1.52	\$2.14
43	\$1.14	\$1.78	\$2.44	\$1.03	\$1.61	\$2.26
44	\$1.20	\$1.88	\$2.58	\$1.09	\$1.70	\$2.39
45	\$1.27	\$1.98	\$2.71	\$1.14	\$1.79	\$2.51
46	\$1.33	\$2.07	\$2.85	\$1.20	\$1.87	\$2.63
47	\$1.41	\$2.21	\$3.03	\$1.28	\$1.99	\$2.80
48	\$1.49	\$2.38	\$3.21	\$1.34	\$2.14	\$2.97
49	\$1.57	\$2.54	\$3.40	\$1.41	\$2.29	\$3.14
50	\$1.64	\$2.70	\$3.57	\$1.49	\$2.44	\$3.32
51	\$1.71	\$2.87	\$3.77	\$1.56	\$2.59	\$3.49
52	\$1.79	\$3.04	\$3.94	\$1.62	\$2.73	\$3.65
53	\$1.89	\$3.16	\$4.17	\$1.71	\$2.85	\$3.87
54	\$1.99	\$3.29	\$4.40	\$1.80	\$2.97	\$4.08
55	\$2.10	\$3.42	\$4.63	\$1.89	\$3.08	\$4.29
56	\$2.21	\$3.56	\$4.89	\$1.98	\$3.21	\$4.52
57	\$2.31	\$3.72	\$5.13	\$2.07	\$3.35	\$4.74
58	\$2.39	\$3.91	\$5.37	\$2.14	\$3.52	\$4.96
59	\$2.45	\$4.10	\$5.59	\$2.21	\$3.70	\$5.17
60	\$2.53	\$4.30	\$5.83	\$2.27	\$3.89	\$5.39
61	\$2.63	\$4.54	\$6.10	\$2.38	\$4.10	\$5.64
62	\$2.78	\$4.81	\$6.42	\$2.49	\$4.31	\$5.93
63	\$2.97	\$5.08	\$6.78	\$2.67	\$4.56	\$6.26
64	\$3.19	\$5.36	\$7.18	\$2.88	\$4.82	\$6.65
65	\$3.45	\$5.67	\$7.62	\$3.10	\$5.11	\$7.05
66	\$3.72	\$6.01	\$8.10	\$3.34	\$5.42	\$7.49
67	\$4.01	\$6.39	\$8.63	\$3.60	\$5.76	\$7.98
68	\$4.28	\$6.81	\$9.22	\$3.86	\$6.14	\$8.53
69	\$4.57	\$7.26	\$9.85	\$4.11	\$6.56	\$9.11
70	\$4.89	\$7.75	\$10.53	\$4.38	\$6.99	\$9.74
71	\$5.20	\$8.28	\$11.25	\$4.67	\$7.46	\$10.40
72	\$5.57	\$8.84	\$12.01	\$5.01	\$7.96	\$11.12
73	\$6.02	\$9.51	\$12.90	\$5.41	\$8.57	\$11.94
74	\$6.47	\$10.18	\$13.78	\$5.82	\$9.17	\$12.74
75	\$6.93	\$10.84	\$14.66	\$6.22	\$9.76	\$13.56
76	\$7.37	\$11.50	\$15.54	\$6.62	\$10.37	\$14.38
77	\$7.82	\$12.17	\$16.43	\$7.03	\$10.96	\$15.20
78	\$8.16	\$12.65	\$17.12	\$7.34	\$11.40	\$15.82
79	\$8.51	\$13.13	\$17.82	\$7.65	\$11.83	\$16.47
80	\$8.85	\$13.62	\$18.51	\$7.96	\$12.27	\$17.12
81	\$9.19	\$14.11	\$19.21	\$8.26	\$12.71	\$17.76
82	\$9.54	\$14.59	\$19.91	\$8.56	\$13.13	\$18.41
83	\$9.88	\$15.07	\$20.61	\$8.88	\$13.57	\$19.05
84	\$10.22	\$15.55	\$21.30	\$9.19	\$14.02	\$19.69
٠.	Ψ. O. = =	410.00	ψ <b>=</b> 1.00	Ψ2·•2	ψυ <u>.</u>	Ψ17.07

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

Section   Sect		30 Day Elimination Period			90 Day Elimination Period			
18-29	Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
30.34   \$1.47   \$2.25   \$3.92   \$1.33   \$2.03   \$2.71	Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
35:39         \$1,92         \$2,91         \$3.80         \$1,73         \$2,02         \$3.52           40         \$2,16         \$3.29         \$4.29         \$1,95         \$2,97         \$3.97           41         \$2,25         \$3.44         \$4.47         \$2.03         \$3.30         \$4.14           42         \$2,35         \$3.60         \$4.68         \$2,12         \$3.24         \$4.33           43         \$2,49         \$3.80         \$4.95         \$2,24         \$3.80         \$5.09           45         \$2,77         \$4.22         \$5.49         \$2.49         \$3.80         \$5.09           46         \$2.20         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.341         \$5.51         \$7.44<	18-29	\$1.12			\$1.01			
40         \$2.16         \$3.29         \$4.29         \$1.95         \$2.97         \$3.37           41         \$2.25         \$3.44         \$4.47         \$2.03         \$3.09         \$4.14           42         \$2.25         \$3.80         \$4.95         \$2.24         \$3.42         \$4.83           43         \$2.49         \$3.80         \$4.95         \$2.24         \$3.42         \$4.88           45         \$2.77         \$4.22         \$5.49         \$2.49         \$3.80         \$5.09           46         \$2.90         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           \$1         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           \$2         \$3.41         \$5.51         \$7.44	30-34	\$1.47	\$2.25	\$2.92	\$1.33	\$2.03	\$2.71	
41         \$2.25         \$3.44         \$4.47         \$2.03         \$3.09         \$4.14           42         \$2.35         \$3.60         \$4.68         \$2.12         \$3.24         \$4.33           43         \$2.49         \$3.80         \$4.95         \$2.24         \$3.42         \$4.58           44         \$2.62         \$4.01         \$5.22         \$2.36         \$3.61         \$4.83           45         \$2.77         \$4.22         \$5.49         \$2.49         \$3.80         \$5.09           46         \$2.90         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           \$1         \$3.34         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           \$3         \$3.51         \$5.86         \$7.86	35-39	\$1.92	\$2.91	\$3.80	\$1.73	\$2.62	\$3.52	
42         \$2.35         \$3.60         \$4.68         \$2.12         \$3.24         \$4.33           43         \$2.49         \$3.80         \$4.95         \$2.24         \$3.42         \$4.88           44         \$2.62         \$4.01         \$5.22         \$2.36         \$3.61         \$4.83           45         \$2.77         \$4.22         \$5.49         \$2.49         \$3.80         \$5.09           46         \$2.90         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67	40	\$2.16	\$3.29	\$4.29	\$1.95	\$2.97	\$3.97	
43         \$2.49         \$3.80         \$4.95         \$2.24         \$3.42         \$4.83           44         \$2.62         \$4.01         \$5.22         \$2.36         \$3.61         \$4.83           45         \$2.77         \$4.22         \$5.49         \$2.49         \$3.80         \$5.09           46         \$2.90         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.74         \$3.07         \$4.96         \$6.63           53         \$3.51         \$5.68         \$7.67         \$3.16         \$51.2         \$7.08           54         \$3.62         \$5.86         \$7.88	41	\$2.25	\$3.44	\$4.47	\$2.03	\$3.09	\$4.14	
44         \$2.62         \$4.01         \$5.22         \$2.36         \$3.61         \$4.83           45         \$2.777         \$4.22         \$5.49         \$2.49         \$3.80         \$5.09           46         \$2.90         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.00           \$4         \$3.62         \$5.86         \$7.88         \$3.26         \$5.22         \$7.30           \$5         \$3.72         \$6.03         \$8.10 <td>42</td> <td>\$2.35</td> <td>\$3.60</td> <td>\$4.68</td> <td>\$2.12</td> <td>\$3.24</td> <td>\$4.33</td>	42	\$2.35	\$3.60	\$4.68	\$2.12	\$3.24	\$4.33	
45         \$2.77         \$4.22         \$5.49         \$2.49         \$3.80         \$5.09           46         \$2.90         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.63           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.34         \$6.22         \$8.34	43	\$2.49	\$3.80	\$4.95	\$2.24	\$3.42	\$4.58	
46         \$2.90         \$4.43         \$5.77         \$2.61         \$3.99         \$5.33           47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.99         \$6.41         \$8.58	44	\$2.62	\$4.01	\$5.22	\$2.36	\$3.61	\$4.83	
47         \$3.08         \$4.71         \$6.13         \$2.78         \$4.24         \$5.67           48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.67         \$6.40           51         \$3.34         \$5.56         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86	45	\$2.77	\$4.22	\$5.49	\$2.49	\$3.80	\$5.09	
48         \$3.15         \$4.86         \$6.39         \$2.84         \$4.38         \$5.92           49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           59         \$4.15         \$6.77         \$9.12	46	\$2.90	\$4.43	\$5.77	\$2.61	\$3.99	\$5.33	
49         \$3.22         \$5.03         \$6.66         \$2.89         \$4.53         \$6.15           50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42	47	\$3.08	\$4.71	\$6.13	\$2.78	\$4.24	\$5.67	
50         \$3.27         \$5.19         \$6.91         \$2.96         \$4.67         \$6.40           51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           \$4         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           \$55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           \$6         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           \$77         \$3.96         \$6.41         \$8.58         \$3.55         \$5.78         \$7.93           \$8         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           \$9         \$4.15         \$6.77         \$9.12         \$3.372         \$6.10         \$8.44           \$60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           \$61         \$4.37         \$7.16         \$9.74	48	\$3.15	\$4.86	\$6.39	\$2.84	\$4.38	\$5.92	
51         \$3.34         \$5.36         \$7.18         \$3.01         \$4.82         \$6.63           52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.74         \$8.19           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13 <td>49</td> <td>\$3.22</td> <td>\$5.03</td> <td>\$6.66</td> <td>\$2.89</td> <td>\$4.53</td> <td>\$6.15</td>	49	\$3.22	\$5.03	\$6.66	\$2.89	\$4.53	\$6.15	
52         \$3.41         \$5.51         \$7.44         \$3.07         \$4.96         \$6.88           53         \$3.51         \$5.68         \$7.67         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.78         \$7.93           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55 <td>50</td> <td>\$3.27</td> <td>\$5.19</td> <td>\$6.91</td> <td>\$2.96</td> <td>\$4.67</td> <td>\$6.40</td>	50	\$3.27	\$5.19	\$6.91	\$2.96	\$4.67	\$6.40	
53         \$3.51         \$5.68         \$7.87         \$3.16         \$5.12         \$7.08           54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.433         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00<	51	\$3.34	\$5.36	\$7.18	\$3.01	\$4.82	\$6.63	
54         \$3.62         \$5.86         \$7.88         \$3.26         \$5.28         \$7.30           55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.78         \$10.65           65         \$5.28         \$8.63         \$11.51	52	\$3.41	\$5.51	\$7.44	\$3.07	\$4.96	\$6.88	
55         \$3.72         \$6.03         \$8.10         \$3.35         \$5.44         \$7.50           56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.28         \$8.63         \$11.	53	\$3.51	\$5.68	\$7.67	\$3.16	\$5.12	\$7.08	
56         \$3.84         \$6.22         \$8.34         \$3.46         \$5.60         \$7.71           57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$81.9           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.99         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$1	54	\$3.62	\$5.86	\$7.88	\$3.26	\$5.28	\$7.30	
57         \$3.96         \$6.41         \$8.58         \$3.56         \$5.78         \$7.93           58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04 <td< td=""><td>55</td><td>\$3.72</td><td>\$6.03</td><td>\$8.10</td><td>\$3.35</td><td>\$5.44</td><td>\$7.50</td></td<>	55	\$3.72	\$6.03	\$8.10	\$3.35	\$5.44	\$7.50	
58         \$4.06         \$6.59         \$8.86         \$3.65         \$5.94         \$8.19           59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53	56	\$3.84	\$6.22	\$8.34	\$3.46	\$5.60	\$7.71	
59         \$4.15         \$6.77         \$9.12         \$3.72         \$6.10         \$8.44           60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06	57	\$3.96	\$6.41	\$8.58	\$3.56	\$5.78	\$7.93	
60         \$4.24         \$6.95         \$9.42         \$3.81         \$6.26         \$8.71           61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60	58	\$4.06	\$6.59	\$8.86	\$3.65	\$5.94	\$8.19	
61         \$4.37         \$7.16         \$9.74         \$3.92         \$6.47         \$9.01           62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17 <td>59</td> <td>\$4.15</td> <td>\$6.77</td> <td>\$9.12</td> <td>\$3.72</td> <td>\$6.10</td> <td>\$8.44</td>	59	\$4.15	\$6.77	\$9.12	\$3.72	\$6.10	\$8.44	
62         \$4.53         \$7.45         \$10.13         \$4.07         \$6.70         \$9.36           63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83	60	\$4.24	\$6.95	\$9.42	\$3.81	\$6.26	\$8.71	
63         \$4.75         \$7.80         \$10.55         \$4.27         \$7.02         \$9.75           64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13	61	\$4.37	\$7.16	\$9.74	\$3.92	\$6.47	\$9.01	
64         \$5.00         \$8.19         \$11.00         \$4.49         \$7.37         \$10.19           65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01	62	\$4.53	\$7.45	\$10.13	\$4.07	\$6.70	\$9.36	
65         \$5.28         \$8.63         \$11.51         \$4.74         \$7.78         \$10.65           66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45 <t< td=""><td>63</td><td>\$4.75</td><td>\$7.80</td><td>\$10.55</td><td>\$4.27</td><td>\$7.02</td><td>\$9.75</td></t<>	63	\$4.75	\$7.80	\$10.55	\$4.27	\$7.02	\$9.75	
66         \$5.58         \$9.09         \$12.06         \$5.01         \$8.19         \$11.14           67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88	64	\$5.00	\$8.19	\$11.00	\$4.49	\$7.37	\$10.19	
67         \$5.89         \$9.56         \$12.64         \$5.30         \$8.62         \$11.69           68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12	65	\$5.28	\$8.63	\$11.51	\$4.74	\$7.78	\$10.65	
68         \$6.22         \$10.04         \$13.27         \$5.59         \$9.04         \$12.27           69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37	66	\$5.58	\$9.09	\$12.06	\$5.01	\$8.19	\$11.14	
69         \$6.56         \$10.53         \$13.94         \$5.91         \$9.50         \$12.90           70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60	67	\$5.89	\$9.56	\$12.64	\$5.30	\$8.62	\$11.69	
70         \$6.93         \$11.06         \$14.66         \$6.22         \$9.96         \$13.56           71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84 <td>68</td> <td>\$6.22</td> <td>\$10.04</td> <td>\$13.27</td> <td>\$5.59</td> <td>\$9.04</td> <td>\$12.27</td>	68	\$6.22	\$10.04	\$13.27	\$5.59	\$9.04	\$12.27	
71         \$7.28         \$11.60         \$15.41         \$6.54         \$10.46         \$14.25           72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07 </td <td>69</td> <td>\$6.56</td> <td>\$10.53</td> <td>\$13.94</td> <td>\$5.91</td> <td>\$9.50</td> <td>\$12.90</td>	69	\$6.56	\$10.53	\$13.94	\$5.91	\$9.50	\$12.90	
72         \$7.69         \$12.17         \$16.20         \$6.90         \$10.97         \$14.99           73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31<		\$6.93	\$11.06	\$14.66	\$6.22	\$9.96	\$13.56	
73         \$8.12         \$12.83         \$17.11         \$7.31         \$11.57         \$15.82           74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31         \$17.25         \$23.46         \$10.16         \$15.53         \$21.70	71	\$7.28	\$11.60	\$15.41	\$6.54	\$10.46	\$14.25	
74         \$8.56         \$13.48         \$18.01         \$7.70         \$12.15         \$16.65           75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31         \$17.25         \$23.46         \$10.16         \$15.53         \$21.70	72	\$7.69	\$12.17	\$16.20	\$6.90	\$10.97	\$14.99	
75         \$9.01         \$14.13         \$18.91         \$8.09         \$12.74         \$17.49           76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31         \$17.25         \$23.46         \$10.16         \$15.53         \$21.70	73	\$8.12	\$12.83	\$17.11	\$7.31	\$11.57	\$15.82	
76         \$9.45         \$14.78         \$19.80         \$8.49         \$13.32         \$18.32           77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31         \$17.25         \$23.46         \$10.16         \$15.53         \$21.70			\$13.48	\$18.01		\$12.15	\$16.65	
77         \$9.88         \$15.44         \$20.72         \$8.89         \$13.91         \$19.15           78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31         \$17.25         \$23.46         \$10.16         \$15.53         \$21.70	75	\$9.01	\$14.13	\$18.91	\$8.09	\$12.74	\$17.49	
78         \$10.12         \$15.73         \$21.17         \$9.10         \$14.18         \$19.57           79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31         \$17.25         \$23.46         \$10.16         \$15.53         \$21.70	76	\$9.45	\$14.78	\$19.80	\$8.49	\$13.32	\$18.32	
79         \$10.37         \$16.04         \$21.63         \$9.32         \$14.46         \$19.99           80         \$10.60         \$16.34         \$22.08         \$9.53         \$14.73         \$20.42           81         \$10.84         \$16.64         \$22.54         \$9.74         \$14.99         \$20.84           82         \$11.07         \$16.94         \$23.00         \$9.95         \$15.26         \$21.27           83         \$11.31         \$17.25         \$23.46         \$10.16         \$15.53         \$21.70		\$9.88	\$15.44	\$20.72	\$8.89	\$13.91	\$19.15	
80     \$10.60     \$16.34     \$22.08     \$9.53     \$14.73     \$20.42       81     \$10.84     \$16.64     \$22.54     \$9.74     \$14.99     \$20.84       82     \$11.07     \$16.94     \$23.00     \$9.95     \$15.26     \$21.27       83     \$11.31     \$17.25     \$23.46     \$10.16     \$15.53     \$21.70		\$10.12	\$15.73	\$21.17	\$9.10	\$14.18	\$19.57	
81     \$10.84     \$16.64     \$22.54     \$9.74     \$14.99     \$20.84       82     \$11.07     \$16.94     \$23.00     \$9.95     \$15.26     \$21.27       83     \$11.31     \$17.25     \$23.46     \$10.16     \$15.53     \$21.70	79	\$10.37	\$16.04	\$21.63	\$9.32	\$14.46	\$19.99	
82     \$11.07     \$16.94     \$23.00     \$9.95     \$15.26     \$21.27       83     \$11.31     \$17.25     \$23.46     \$10.16     \$15.53     \$21.70		\$10.60	\$16.34	\$22.08		\$14.73	\$20.42	
83 \$11.31 \$17.25 \$23.46 \$10.16 \$15.53 \$21.70							\$20.84	
	82	\$11.07	\$16.94	\$23.00	\$9.95	\$15.26	\$21.27	
84 \$11.55 \$17.54 \$23.91 \$10.38 \$15.81 \$22.11		\$11.31	\$17.25		\$10.16	\$15.53		
	84	\$11.55	\$17.54	\$23.91	\$10.38	\$15.81	\$22.11	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.78	\$1.26	\$1.63	\$0.71	\$1.13	\$1.51
30-34	\$1.03	\$1.66	\$2.15	\$0.93	\$1.49	\$1.98
35-39	\$1.34	\$2.14	\$2.79	\$1.20	\$1.93	\$2.58
40	\$1.51	\$2.42	\$3.15	\$1.35	\$2.19	\$2.91
41	\$1.57	\$2.53	\$3.29	\$1.41	\$2.28	\$3.03
42	\$1.65	\$2.64	\$3.43	\$1.48	\$2.38	\$3.17
43	\$1.74	\$2.79	\$3.63	\$1.56	\$2.52	\$3.35
44	\$1.84	\$2.94	\$3.84	\$1.65	\$2.66	\$3.55
45	\$1.93	\$3.10	\$4.03	\$1.73	\$2.79	\$3.73
46	\$2.03	\$3.25	\$4.24	\$1.82	\$2.93	\$3.90
47	\$2.15	\$3.46	\$4.50	\$1.93	\$3.11	\$4.16
48	\$2.26	\$3.61	\$4.72	\$2.02	\$3.26	\$4.35
49	\$2.36	\$3.78	\$4.92	\$2.12	\$3.40	\$4.56
50	\$2.46	\$3.93	\$5.15	\$2.20	\$3.54	\$4.75
51	\$2.55	\$4.09	\$5.36	\$2.30	\$3.68	\$4.96
52	\$2.66	\$4.24	\$5.58	\$2.38	\$3.82	\$5.15
53	\$2.78	\$4.46	\$5.90	\$2.50	\$4.02	\$5.45
54	\$2.92	\$4.68	\$6.23	\$2.61	\$4.21	\$5.76
55	\$3.04	\$4.90	\$6.55	\$2.73	\$4.41	\$6.06
56	\$3.19	\$5.15	\$6.93	\$2.87	\$4.65	\$6.40
57	\$3.38	\$5.47	\$7.36	\$3.04	\$4.92	\$6.80
58	\$3.61	\$5.82	\$7.80	\$3.24	\$5.24	\$7.21
59	\$3.85	\$6.18	\$8.27	\$3.46	\$5.58	\$7.65
60	\$4.12	\$6.61	\$8.77	\$3.70	\$5.94	\$8.11
61	\$4.41	\$7.08	\$9.36	\$3.96	\$6.37	\$8.66
62	\$4.75	\$7.59	\$10.04	\$4.27	\$6.85	\$9.30
63	\$5.09	\$8.16	\$10.81	\$4.58	\$7.36	\$10.00
64	\$5.44	\$8.74	\$11.62	\$4.89	\$7.88	\$10.74
65	\$5.84	\$9.40	\$12.54	\$5.25	\$8.47	\$11.59
66	\$6.32	\$10.19	\$13.61	\$5.68	\$9.18	\$12.59
67	\$6.90	\$11.16	\$14.92	\$6.21	\$10.05	\$13.79
68	\$7.59	\$12.27	\$16.38	\$6.81	\$11.06	\$15.16
69	\$8.34	\$13.51	\$18.00	\$7.49	\$12.16	\$16.64
70	\$9.19	\$14.90	\$19.81	\$8.27	\$13.42	\$18.32
71	\$10.18	\$16.52	\$21.90	\$9.15	\$14.87	\$20.25
72	\$11.31	\$18.42	\$24.34	\$10.17	\$16.60	\$22.50
73	\$12.89	\$21.10	\$27.73	\$11.59	\$19.02	\$25.64
74	\$14.21	\$23.35	\$30.55	\$12.77	\$21.04	\$28.24
75	\$15.61	\$25.75	\$33.57	\$14.03	\$23.20	\$31.03
76	\$17.31	\$28.63	\$37.21	\$15.56	\$25.79	\$34.40
77	\$18.86	\$31.25	\$40.52	\$16.95	\$28.17	\$37.48
78	\$21.25	\$35.23	\$45.68	\$19.10	\$31.75	\$42.25
79	\$23.65	\$39.21	\$50.83	\$21.25	\$35.33	\$47.01
80	\$26.04	\$43.19	\$55.99	\$23.41	\$38.91	\$51.77
81	\$28.45	\$47.15	\$61.15	\$25.57	\$42.49	\$56.54
82	\$30.85	\$51.13	\$66.29	\$27.73	\$46.08	\$61.30
83	\$33.24	\$55.10	\$71.45	\$29.88	\$49.66	\$66.06
84	\$35.63	\$59.08	\$76.60	\$32.03	\$53.23	\$70.84

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.44	\$0.68	\$0.94	\$0.39	\$0.62	\$0.87	
30-34	\$0.57	\$0.89	\$1.23	\$0.52	\$0.81	\$1.14	
35-39	\$0.74	\$1.17	\$1.59	\$0.68	\$1.05	\$1.48	
40	\$0.84	\$1.32	\$1.80	\$0.77	\$1.19	\$1.67	
41	\$0.88	\$1.37	\$1.88	\$0.79	\$1.24	\$1.74	
42	\$0.92	\$1.43	\$1.96	\$0.82	\$1.29	\$1.82	
43	\$0.97	\$1.51	\$2.08	\$0.88	\$1.37	\$1.92	
44	\$1.02	\$1.60	\$2.19	\$0.93	\$1.45	\$2.03	
45	\$1.08	\$1.68	\$2.30	\$0.97	\$1.52	\$2.13	
46	\$1.13	\$1.76	\$2.42	\$1.02	\$1.59	\$2.24	
47	\$1.20	\$1.88	\$2.58	\$1.09	\$1.69	\$2.38	
48	\$1.27	\$2.02	\$2.73	\$1.14	\$1.82	\$2.53	
49	\$1.34	\$2.16	\$2.89	\$1.20	\$1.95	\$2.67	
50	\$1.39	\$2.30	\$3.04	\$1.27	\$2.08	\$2.82	
51	\$1.45	\$2.44	\$3.21	\$1.33	\$2.20	\$2.97	
52	\$1.52	\$2.59	\$3.35	\$1.38	\$2.32	\$3.10	
53	\$1.61	\$2.69	\$3.55	\$1.45	\$2.42	\$3.29	
54	\$1.69	\$2.80	\$3.74	\$1.53	\$2.53	\$3.47	
55	\$1.79	\$2.91	\$3.94	\$1.61	\$2.62	\$3.65	
56	\$1.88	\$3.03	\$4.16	\$1.68	\$2.73	\$3.84	
57	\$1.96	\$3.16	\$4.36	\$1.76	\$2.85	\$4.03	
58	\$2.03	\$3.33	\$4.57	\$1.82	\$2.99	\$4.22	
59	\$2.08	\$3.49	\$4.75	\$1.88	\$3.15	\$4.40	
60	\$2.15	\$3.66	\$4.96	\$1.93	\$3.31	\$4.58	
61	\$2.24	\$3.86	\$5.19	\$2.02	\$3.49	\$4.80	
62	\$2.36	\$4.09	\$5.46	\$2.12	\$3.67	\$5.04	
63	\$2.53	\$4.32	\$5.77	\$2.27	\$3.88	\$5.32	
64	\$2.71	\$4.56	\$6.11	\$2.45	\$4.10	\$5.66	
65	\$2.93	\$4.82	\$6.48	\$2.64	\$4.35	\$6.00	
66	\$3.16	\$5.11	\$6.89	\$2.84	\$4.61	\$6.37	
67	\$3.41	\$5.43	\$7.34	\$3.06	\$4.90	\$6.79	
68	\$3.64	\$5.79	\$7.84	\$3.28	\$5.22	\$7.25	
69	\$3.89	\$6.17	\$8.38	\$3.50	\$5.58	\$7.75	
70	\$4.16	\$6.59	\$8.96	\$3.73	\$5.94	\$8.28	
71	\$4.42	\$7.04	\$9.57	\$3.97	\$6.34	\$8.84	
72	\$4.74	\$7.52	\$10.21	\$4.26	\$6.77	\$9.46	
73	\$5.12	\$8.09	\$10.97	\$4.60	\$7.29	\$10.15	
74	\$5.50	\$8.66	\$11.72	\$4.95	\$7.80	\$10.83	
75	\$5.89	\$9.22	\$12.47	\$5.29	\$8.30	\$11.53	
76	\$6.27	\$9.78	\$13.22	\$5.63	\$8.82	\$12.23	
77	\$6.65	\$10.35	\$13.97	\$5.98	\$9.32	\$12.93	
78	\$6.94	\$10.76	\$14.56	\$6.24	\$9.70	\$13.45	
79	\$7.24	\$11.17	\$15.16	\$6.51	\$10.06	\$14.01	
80	\$7.53	\$11.58	\$15.74	\$6.77	\$10.44	\$14.56	
81	\$7.82	\$12.00	\$16.34	\$7.02	\$10.81	\$15.10	
82	\$8.11	\$12.41	\$16.93	\$7.28	\$11.17	\$15.66	
83	\$8.40	\$12.82	\$17.53	\$7.55	\$11.54	\$16.20	
84	\$8.69	\$13.22	\$18.11	\$7.82	\$11.92	\$16.75	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.95	\$1.45	\$1.89	\$0.86	\$1.31	\$1.75	
30-34	\$1.25	\$1.91	\$2.48	\$1.13	\$1.73	\$2.30	
35-39	\$1.63	\$2.47	\$3.23	\$1.47	\$2.23	\$2.99	
40	\$1.84	\$2.80	\$3.65	\$1.66	\$2.53	\$3.38	
41	\$1.91	\$2.93	\$3.80	\$1.73	\$2.63	\$3.52	
42	\$2.00	\$3.06	\$3.98	\$1.80	\$2.76	\$3.68	
43	\$2.12	\$3.23	\$4.21	\$1.91	\$2.91	\$3.90	
44	\$2.23	\$3.41	\$4.44	\$2.01	\$3.07	\$4.11	
45	\$2.36	\$3.59	\$4.67	\$2.12	\$3.23	\$4.33	
46	\$2.47	\$3.77	\$4.91	\$2.22	\$3.39	\$4.53	
47	\$2.62	\$4.01	\$5.21	\$2.36	\$3.61	\$4.82	
48	\$2.68	\$4.13	\$5.43	\$2.42	\$3.73	\$5.03	
49	\$2.74	\$4.28	\$5.66	\$2.46	\$3.85	\$5.23	
50	\$2.78	\$4.41	\$5.88	\$2.52	\$3.97	\$5.44	
51	\$2.84	\$4.56	\$6.11	\$2.56	\$4.10	\$5.64	
52	\$2.90	\$4.69	\$6.33	\$2.61	\$4.22	\$5.85	
53	\$2.99	\$4.83	\$6.52	\$2.69	\$4.35	\$6.02	
54	\$3.08	\$4.98	\$6.70	\$2.77	\$4.49	\$6.21	
55	\$3.16	\$5.13	\$6.89	\$2.85	\$4.63	\$6.38	
56	\$3.27	\$5.29	\$7.09	\$2.94	\$4.76	\$6.56	
57	\$3.37	\$5.45	\$7.30	\$3.03	\$4.92	\$6.74	
58	\$3.45	\$5.60	\$7.54	\$3.10	\$5.05	\$6.97	
59	\$3.53	\$5.76	\$7.76	\$3.16	\$5.19	\$7.18	
60	\$3.61	\$5.91	\$8.01	\$3.24	\$5.32	\$7.41	
61	\$3.72	\$6.09	\$8.28	\$3.33	\$5.50	\$7.66	
62	\$3.85	\$6.34	\$8.62	\$3.46	\$5.70	\$7.96	
63	\$4.04	\$6.63	\$8.97	\$3.63	\$5.97	\$8.29	
64	\$4.25	\$6.97	\$9.36	\$3.82	\$6.27	\$8.67	
65	\$4.49	\$7.34	\$9.79	\$4.03	\$6.62	\$9.06	
66	\$4.75	\$7.73	\$10.26	\$4.26	\$6.97	\$9.47	
67	\$5.01	\$8.13	\$10.75	\$4.51	\$7.33	\$9.94	
68	\$5.29	\$8.54	\$11.29	\$4.75	\$7.69	\$10.44	
69	\$5.58	\$8.96	\$11.86	\$5.03	\$8.08	\$10.97	
70	\$5.89	\$9.41	\$12.47	\$5.29	\$8.47	\$11.53	
71	\$6.19	\$9.87	\$13.11	\$5.56	\$8.90	\$12.12	
72	\$6.54	\$10.35	\$13.78	\$5.87	\$9.33	\$12.75	
73	\$6.91	\$10.91	\$14.55	\$6.22	\$9.84	\$13.45	
74	\$7.28	\$11.46	\$15.32	\$6.55	\$10.33	\$14.16	
75	\$7.66	\$12.02	\$16.08	\$6.88	\$10.83	\$14.87	
76	\$8.04	\$12.57	\$16.84	\$7.22	\$11.33	\$15.58	
77	\$8.40	\$13.13	\$17.62	\$7.56	\$11.83	\$16.29	
78	\$8.61	\$13.38	\$18.00	\$7.74	\$12.06	\$16.64	
79	\$8.82	\$13.64	\$18.40	\$7.93	\$12.30	\$17.00	
80	\$9.01	\$13.90	\$18.78	\$8.10	\$12.53	\$17.37	
81	\$9.22	\$14.15	\$19.17	\$8.28	\$12.75	\$17.72	
82	\$9.41	\$14.41	\$19.56	\$8.46	\$12.98	\$18.09	
83	\$9.62	\$14.67	\$19.95	\$8.64	\$13.21	\$18.46	
84	\$9.82	\$14.92	\$20.33	\$8.83	\$13.45	\$18.80	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$1.03	\$1.66	\$2.15	\$0.93	\$1.49	\$1.98	
30-34	\$1.36	\$2.19	\$2.84	\$1.22	\$1.96	\$2.61	
35-39	\$1.76	\$2.82	\$3.68	\$1.58	\$2.54	\$3.40	
40	\$1.98	\$3.19	\$4.15	\$1.78	\$2.88	\$3.83	
41	\$2.07	\$3.33	\$4.34	\$1.86	\$3.00	\$3.99	
42	\$2.17	\$3.47	\$4.52	\$1.95	\$3.14	\$4.18	
43	\$2.30	\$3.68	\$4.79	\$2.06	\$3.32	\$4.42	
44	\$2.42	\$3.88	\$5.05	\$2.17	\$3.51	\$4.67	
45	\$2.54	\$4.08	\$5.31	\$2.29	\$3.68	\$4.91	
46	\$2.68	\$4.28	\$5.58	\$2.40	\$3.87	\$5.14	
47	\$2.84	\$4.56	\$5.93	\$2.54	\$4.10	\$5.48	
48	\$2.98	\$4.76	\$6.22	\$2.67	\$4.29	\$5.74	
49	\$3.10	\$4.98	\$6.49	\$2.79	\$4.48	\$6.01	
50	\$3.24	\$5.18	\$6.78	\$2.90	\$4.66	\$6.26	
51	\$3.36	\$5.39	\$7.06	\$3.03	\$4.85	\$6.53	
52	\$3.51	\$5.59	\$7.35	\$3.14	\$5.03	\$6.79	
53	\$3.66	\$5.87	\$7.78	\$3.29	\$5.30	\$7.18	
54	\$3.84	\$6.16	\$8.20	\$3.44	\$5.55	\$7.59	
55	\$4.00	\$6.45	\$8.63	\$3.60	\$5.82	\$7.98	
56	\$4.20	\$6.79	\$9.13	\$3.78	\$6.13	\$8.44	
57	\$4.46	\$7.21	\$9.69	\$4.00	\$6.49	\$8.97	
58	\$4.75	\$7.67	\$10.28	\$4.27	\$6.90	\$9.50	
59	\$5.08	\$8.15	\$10.89	\$4.56	\$7.35	\$10.07	
60	\$5.42	\$8.71	\$11.55	\$4.87	\$7.83	\$10.69	
61	\$5.82	\$9.32	\$12.33	\$5.22	\$8.39	\$11.41	
62	\$6.25	\$10.01	\$13.23	\$5.63	\$9.03	\$12.25	
63	\$6.70	\$10.75	\$14.24	\$6.03	\$9.69	\$13.18	
64	\$7.17	\$11.52	\$15.31	\$6.44	\$10.39	\$14.15	
65	\$7.70	\$12.38	\$16.52	\$6.91	\$11.16	\$15.27	
66	\$8.33	\$13.43	\$17.93	\$7.49	\$12.09	\$16.59	
67	\$9.09	\$14.70	\$19.66	\$8.18	\$13.25	\$18.18	
68	\$10.00	\$16.17	\$21.58	\$8.98	\$14.58	\$19.97	
69	\$10.99	\$17.80	\$23.71	\$9.87	\$16.03	\$21.93	
70	\$12.10	\$19.63	\$26.10	\$10.89	\$17.68	\$24.14	
71	\$13.41	\$21.76	\$28.86	\$12.06	\$19.60	\$26.68	
72	\$14.36	\$23.39	\$30.90	\$12.91	\$21.08	\$28.57	
73	\$15.42	\$25.24	\$33.16	\$13.86	\$22.74	\$30.67	
74	\$16.71	\$27.46	\$35.92	\$15.02	\$24.74	\$33.21	
75	\$18.36	\$30.28	\$39.47	\$16.50	\$27.28	\$36.49	
76	\$20.35	\$33.66	\$43.75	\$18.29	\$30.33	\$40.45	
77	\$22.18	\$36.75	\$47.65	\$19.93	\$33.12	\$44.07	
78	\$24.99	\$41.43	\$53.71	\$22.46	\$37.33	\$49.68	
79	\$27.81	\$46.10	\$59.77	\$24.99	\$41.54	\$55.28	
80	\$30.62	\$50.78	\$65.84	\$27.53	\$45.75	\$60.87	
81	\$33.45	\$55.44	\$71.90	\$30.06	\$49.96	\$66.48	
82	\$36.27	\$60.12	\$77.95	\$32.60	\$54.18	\$72.08	
83	\$39.08	\$64.79	\$84.01	\$35.13	\$58.39	\$77.68	
84	\$41.90	\$69.47	\$90.07	\$37.66	\$62.59	\$83.29	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.58	\$0.90	\$1.23	\$0.52	\$0.82	\$1.14	
30-34	\$0.75	\$1.18	\$1.62	\$0.68	\$1.06	\$1.50	
35-39	\$0.97	\$1.54	\$2.10	\$0.90	\$1.38	\$1.95	
40	\$1.11	\$1.74	\$2.38	\$1.01	\$1.57	\$2.20	
41	\$1.15	\$1.80	\$2.48	\$1.04	\$1.64	\$2.30	
42	\$1.21	\$1.88	\$2.59	\$1.09	\$1.70	\$2.40	
43	\$1.28	\$1.99	\$2.73	\$1.15	\$1.80	\$2.53	
44	\$1.34	\$2.11	\$2.89	\$1.22	\$1.91	\$2.68	
45	\$1.42	\$2.22	\$3.04	\$1.28	\$2.01	\$2.81	
46	\$1.49	\$2.32	\$3.19	\$1.34	\$2.10	\$2.95	
47	\$1.58	\$2.48	\$3.40	\$1.43	\$2.23	\$3.14	
48	\$1.67	\$2.67	\$3.60	\$1.50	\$2.40	\$3.33	
49	\$1.76	\$2.85	\$3.81	\$1.58	\$2.57	\$3.52	
50	\$1.84	\$3.03	\$4.00	\$1.67	\$2.73	\$3.72	
51	\$1.92	\$3.22	\$4.22	\$1.75	\$2.90	\$3.91	
52	\$2.01	\$3.41	\$4.42	\$1.82	\$3.06	\$4.09	
53	\$2.12	\$3.54	\$4.67	\$1.92	\$3.19	\$4.34	
54	\$2.23	\$3.69	\$4.93	\$2.02	\$3.33	\$4.57	
55	\$2.35	\$3.83	\$5.19	\$2.12	\$3.45	\$4.81	
56	\$2.48	\$3.99	\$5.48	\$2.22	\$3.60	\$5.07	
57	\$2.59	\$4.17	\$5.75	\$2.32	\$3.75	\$5.31	
58	\$2.68	\$4.38	\$6.02	\$2.40	\$3.94	\$5.56	
59	\$2.75	\$4.59	\$6.26	\$2.48	\$4.15	\$5.79	
60	\$2.84	\$4.82	\$6.53	\$2.54	\$4.36	\$6.04	
61	\$2.95	\$5.09	\$6.84	\$2.67	\$4.59	\$6.32	
62	\$3.12	\$5.39	\$7.19	\$2.79	\$4.83	\$6.65	
63	\$3.33	\$5.69	\$7.60	\$2.99	\$5.11	\$7.02	
64	\$3.57	\$6.01	\$8.05	\$3.23	\$5.40	\$7.45	
65	\$3.87	\$6.35	\$8.54	\$3.47	\$5.73	\$7.90	
66	\$4.17	\$6.74	\$9.08	\$3.74	\$6.07	\$8.39	
67	\$4.49	\$7.16	\$9.67	\$4.03	\$6.45	\$8.94	
68	\$4.80	\$7.63	\$10.33	\$4.33	\$6.88	\$9.56	
69	\$5.12	\$8.14	\$11.04	\$4.61	\$7.35	\$10.21	
70	\$5.48	\$8.69	\$11.80	\$4.91	\$7.83	\$10.92	
71	\$5.83	\$9.28	\$12.61	\$5.23	\$8.36	\$11.65	
72	\$6.24	\$9.91	\$13.46	\$5.61	\$8.92	\$12.46	
73	\$6.75	\$10.66	\$14.46	\$6.06	\$9.60	\$13.38	
74	\$7.25	\$11.41	\$15.44	\$6.52	\$10.28	\$14.28	
75	\$7.77	\$12.15	\$16.43	\$6.97	\$10.94	\$15.20	
76	\$8.26	\$12.89	\$17.42	\$7.42	\$11.62	\$16.12	
77	\$8.76	\$13.64	\$18.41	\$7.88	\$12.28	\$17.03	
78	\$9.14	\$14.18	\$19.19	\$8.23	\$12.78	\$17.73	
79	\$9.54	\$14.71	\$19.97	\$8.57	\$13.26	\$18.46	
80	\$9.92	\$15.26	\$20.74	\$8.92	\$13.75	\$19.19	
81	\$10.30	\$15.81	\$21.53	\$9.26	\$14.24	\$19.90	
82	\$10.69	\$16.35	\$22.31	\$9.59	\$14.71	\$20.63	
83	\$11.07	\$16.89	\$23.10	\$9.95	\$15.21	\$21.35	
84	\$11.45	\$17.43	\$23.87	\$10.30	\$15.71	\$22.07	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$1.26	\$1.91	\$2.49	\$1.13	\$1.73	\$2.31	
30-34	\$1.65	\$2.52	\$3.27	\$1.49	\$2.27	\$3.04	
35-39	\$2.15	\$3.26	\$4.26	\$1.94	\$2.94	\$3.94	
40	\$2.42	\$3.69	\$4.81	\$2.19	\$3.33	\$4.45	
41	\$2.52	\$3.86	\$5.01	\$2.27	\$3.46	\$4.64	
42	\$2.63	\$4.03	\$5.24	\$2.38	\$3.63	\$4.85	
43	\$2.79	\$4.26	\$5.55	\$2.51	\$3.83	\$5.13	
44	\$2.94	\$4.49	\$5.85	\$2.64	\$4.05	\$5.41	
45	\$3.10	\$4.73	\$6.15	\$2.79	\$4.26	\$5.70	
46	\$3.25	\$4.96	\$6.47	\$2.92	\$4.47	\$5.97	
47	\$3.45	\$5.28	\$6.87	\$3.12	\$4.75	\$6.35	
48	\$3.53	\$5.45	\$7.16	\$3.18	\$4.91	\$6.63	
49	\$3.61	\$5.64	\$7.46	\$3.24	\$5.08	\$6.89	
50	\$3.66	\$5.82	\$7.74	\$3.32	\$5.23	\$7.17	
51	\$3.74	\$6.01	\$8.05	\$3.37	\$5.40	\$7.43	
52	\$3.82	\$6.17	\$8.34	\$3.44	\$5.56	\$7.71	
53	\$3.93	\$6.37	\$8.60	\$3.54	\$5.74	\$7.93	
54	\$4.06	\$6.57	\$8.83	\$3.65	\$5.92	\$8.18	
55	\$4.17	\$6.76	\$9.08	\$3.75	\$6.10	\$8.40	
56	\$4.30	\$6.97	\$9.35	\$3.88	\$6.28	\$8.64	
57	\$4.44	\$7.18	\$9.62	\$3.99	\$6.48	\$8.89	
58	\$4.55	\$7.39	\$9.93	\$4.09	\$6.66	\$9.18	
59	\$4.65	\$7.59	\$10.22	\$4.17	\$6.84	\$9.46	
60	\$4.75	\$7.79	\$10.56	\$4.27	\$7.02	\$9.76	
61	\$4.90	\$8.02	\$10.92	\$4.39	\$7.25	\$10.10	
62	\$5.08	\$8.35	\$11.35	\$4.56	\$7.51	\$10.49	
63	\$5.32	\$8.74	\$11.82	\$4.79	\$7.87	\$10.93	
64	\$5.60	\$9.18	\$12.33	\$5.03	\$8.26	\$11.42	
65	\$5.92	\$9.67	\$12.90	\$5.31	\$8.72	\$11.94	
66	\$6.25	\$10.19	\$13.52	\$5.61	\$9.18	\$12.48	
67	\$6.60	\$10.71	\$14.17	\$5.94	\$9.66	\$13.10	
68	\$6.97	\$11.25	\$14.87	\$6.26	\$10.13	\$13.75	
69	\$7.35	\$11.80	\$15.62	\$6.62	\$10.65	\$14.46	
70	\$7.77	\$12.39	\$16.43	\$6.97	\$11.16	\$15.20	
71	\$8.16	\$13.00	\$17.27	\$7.33	\$11.72	\$15.97	
72	\$8.62	\$13.64	\$18.15	\$7.73	\$12.29	\$16.80	
73	\$9.10	\$14.38	\$19.17	\$8.19	\$12.97	\$17.73	
74	\$9.59	\$15.11	\$20.18	\$8.63	\$13.62	\$18.66	
75	\$10.10	\$15.83	\$21.19	\$9.07	\$14.28	\$19.60	
76	\$10.59	\$16.56	\$22.19	\$9.51	\$14.93	\$20.53	
77	\$11.07	\$17.30	\$23.22	\$9.96	\$15.59	\$21.46	
78	\$11.34	\$17.63	\$23.72	\$10.20	\$15.89	\$21.93	
79	\$11.62	\$17.98	\$24.24	\$10.44	\$16.20	\$22.40	
80	\$11.88	\$18.31	\$24.74	\$10.68	\$16.51	\$22.88	
81	\$12.15	\$18.65	\$25.26	\$10.92	\$16.80	\$23.35	
82	\$12.41	\$18.98	\$25.78	\$11.15	\$17.10	\$23.84	
83	\$12.67	\$19.33	\$26.29	\$11.39	\$17.40	\$24.32	
84	\$12.94	\$19.66	\$26.79	\$11.63	\$17.72	\$24.78	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30.1	Day Elimination Pe	riod	90 I	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.88	\$1.41	\$1.83	\$0.79	\$1.27	\$1.68
30-34	\$1.16	\$1.86	\$2.42	\$1.04	\$1.67	\$2.22
35-39	\$1.50	\$2.40	\$3.13	\$1.34	\$2.16	\$2.89
40	\$1.68	\$2.71	\$3.53	\$1.51	\$2.45	\$3.26
41	\$1.76	\$2.83	\$3.69	\$1.58	\$2.55	\$3.39
42	\$1.76	\$2.95	\$3.84	\$1.66	\$2.67	\$3.55
43	\$1.96	\$3.13	\$4.07	\$1.75	\$2.82	\$3.76
44	\$2.06	\$3.30	\$4.29	\$1.75	\$2.99	\$3.70
45	\$2.16	\$3.47	\$4.52	\$1.95	\$3.13	\$4.18
46	\$2.10	\$3.64	\$4.75	\$2.04	\$3.19	\$4.37
47	\$2.42	\$3.88	\$5.04	\$2.04	\$3.49	\$4.66
48	\$2.53	\$4.05	\$5.29	\$2.10	\$3.65	\$4.88
49	\$2.64	\$4.24	\$5.52 \$5.52	\$2.37	\$3.81	\$5.11
50	\$2.76	\$4.41	\$5.77	\$2.47	\$3.96	\$5.32
51	\$2.86	\$4.58	\$6.00	\$2.58	\$4.12	\$5.55
52	\$2.80 \$2.99	\$4.75	\$6.25	\$2.58 \$2.67	\$4.12 \$4.28	\$5.77
53	\$3.11	\$4.73 \$4.99	\$6.62	\$2.80	\$4.51	\$6.11
54	\$3.27	\$5.24	\$6.97	\$2.93	\$4.72	\$6.46
55	\$3.40	\$5.24 \$5.49	\$7.34	\$3.06	\$4.72 \$4.95	\$6.79
56	\$3.40 \$3.57	\$5.49 \$5.77	\$7.34 \$7.76	\$3.00	\$4.93 \$5.21	\$7.18
57	\$3.79	\$6.13	\$8.24	\$3.40	\$5.52	\$7.18 \$7.63
58 59	\$4.04	\$6.52	\$8.74	\$3.63	\$5.87	\$8.08
60	\$4.32 \$4.61	\$6.93 \$7.41	\$9.26 \$9.82	\$3.88 \$4.14	\$6.25	\$8.56
					\$6.66	\$9.09
61	\$4.95 \$5.22	\$7.93	\$10.49	\$4.44	\$7.14	\$9.70
62 63	\$5.32 \$5.70	\$8.51 \$9.14	\$11.25 \$12.11	\$4.79 \$5.13	\$7.68 \$8.24	\$10.42
						\$11.21
64	\$6.10	\$9.80	\$13.02	\$5.48	\$8.84	\$12.03
65 66	\$6.55 \$7.08	\$10.53 \$11.42	\$14.05 \$15.25	\$5.88 \$6.37	\$9.49 \$10.28	\$12.99 \$14.11
67	\$7.73	\$12.50	\$16.72	\$6.96	\$11.27	\$15.46
68 69	\$8.50	\$13.75	\$18.35	\$7.64	\$12.40	\$16.98
	\$9.35	\$15.14	\$20.16	\$8.39	\$13.63	\$18.65
70 71	\$10.29	\$16.69	\$22.20 \$24.54	\$9.26	\$15.04	\$20.53
71 72	\$11.40	\$18.51		\$10.26	\$16.67	\$22.69
72	\$12.21	\$19.89	\$26.28	\$10.98	\$17.93	\$24.30
73 74	\$13.11	\$21.47	\$28.20	\$11.79	\$19.34	\$26.08
	\$14.21	\$23.35 \$25.75	\$30.55	\$12.77	\$21.04	\$28.24
75 76	\$15.61	\$25.75	\$33.57	\$14.03	\$23.20	\$31.03
	\$17.31	\$28.63	\$37.21	\$15.56	\$25.79	\$34.40
77	\$18.86	\$31.25	\$40.52	\$16.95	\$28.17	\$37.48
78 70	\$21.25	\$35.23	\$45.68	\$19.10	\$31.75	\$42.25 \$47.01
79	\$23.65	\$39.21	\$50.83	\$21.25	\$35.33	\$47.01
80	\$26.04	\$43.19	\$55.99	\$23.41	\$38.91	\$51.77
81	\$28.45	\$47.15	\$61.15	\$25.57	\$42.49	\$56.54
82	\$30.85	\$51.13	\$66.29	\$27.73	\$46.08	\$61.30
83	\$33.24	\$55.10	\$71.45	\$29.88	\$49.66	\$66.06
84	\$35.63	\$59.08	\$76.60	\$32.03	\$53.23	\$70.84

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 I	Day Elimination Pe		90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.49	\$0.77	\$1.05	\$0.44	\$0.70	\$0.97
30-34	\$0.64	\$1.00	\$1.38	\$0.58	\$0.90	\$1.28
35-39	\$0.82	\$1.31	\$1.79	\$0.77	\$1.17	\$1.66
40	\$0.94	\$1.48	\$2.02	\$0.86	\$1.34	\$1.87
41	\$0.98	\$1.53	\$2.11	\$0.88	\$1.39	\$1.96
42	\$1.03	\$1.60	\$2.20	\$0.93	\$1.45	\$2.04
43	\$1.09	\$1.69	\$2.32	\$0.98	\$1.53	\$2.15
44	\$1.14	\$1.79	\$2.46	\$1.04	\$1.62	\$2.28
45	\$1.21	\$1.89	\$2.59	\$1.09	\$1.71	\$2.39
46	\$1.27	\$1.97	\$2.71	\$1.14	\$1.79	\$2.51
47	\$1.34	\$2.11	\$2.89	\$1.22	\$1.90	\$2.67
48	\$1.42	\$2.27	\$3.06	\$1.28	\$2.04	\$2.83
49	\$1.50	\$2.42	\$3.24	\$1.34	\$2.19	\$2.99
50	\$1.56	\$2.58	\$3.40	\$1.42	\$2.32	\$3.16
51	\$1.63	\$2.74	\$3.59	\$1.49	\$2.47	\$3.33
52	\$1.71	\$2.90	\$3.76	\$1.55	\$2.60	\$3.48
53	\$1.80	\$3.01	\$3.97	\$1.63	\$2.71	\$3.69
54	\$1.90	\$3.14	\$4.19	\$1.72	\$2.83	\$3.89
55	\$2.00	\$3.26	\$4.41	\$1.80	\$2.93	\$4.09
56	\$2.11	\$3.39	\$4.66	\$1.89	\$3.06	\$4.31
57	\$2.20	\$3.55	\$4.89	\$1.97	\$3.19	\$4.52
58	\$2.28	\$3.73	\$5.12	\$2.04	\$3.35	\$4.73
59	\$2.34	\$3.90	\$5.32	\$2.11	\$3.53	\$4.92
60	\$2.42	\$4.10	\$5.55	\$2.16	\$3.71	\$5.14
61	\$2.51	\$4.33	\$5.82	\$2.27	\$3.90	\$5.37
62	\$2.65	\$4.58	\$6.11	\$2.37	\$4.11	\$5.66
63	\$2.83	\$4.84	\$6.46	\$2.54	\$4.35	\$5.97
64	\$3.04	\$5.11	\$6.85	\$2.75	\$4.59	\$6.34
65	\$3.29	\$5.40	\$7.26	\$2.95	\$4.87	\$6.72
66	\$3.55	\$5.73	\$7.72	\$3.18	\$5.16	\$7.14
67	\$3.82	\$6.09	\$8.22	\$3.43	\$5.49	\$7.60
68	\$4.08	\$6.49	\$8.79	\$3.68	\$5.85	\$8.13
69	\$4.35	\$6.92	\$9.39	\$3.92	\$6.25	\$8.68
70	\$4.66	\$7.39	\$10.04	\$4.18	\$6.66	\$9.29
71	\$4.96	\$7.89	\$10.72	\$4.45	\$7.11	\$9.91
72	\$5.31	\$8.43	\$11.45	\$4.77	\$7.59	\$10.60
73	\$5.74	\$9.07	\$12.30	\$5.15	\$8.16	\$11.38
74	\$6.17	\$9.70	\$13.13	\$5.55	\$8.74	\$12.14
75	\$6.61	\$10.33	\$13.97	\$5.93	\$9.30	\$12.93
76	\$7.02	\$10.96	\$14.82	\$6.31	\$9.88	\$13.71
77	\$7.45	\$11.60	\$15.66	\$6.70	\$10.44	\$14.48
78	\$7.77	\$12.06	\$16.32	\$7.00	\$10.87	\$15.08
79	\$8.11	\$12.51	\$16.98	\$7.29	\$11.28	\$15.70
80	\$8.44	\$12.98	\$17.64	\$7.59	\$11.69	\$16.32
81	\$8.76	\$13.45	\$18.31	\$7.88	\$12.11	\$16.92
82	\$9.09	\$13.91	\$18.97	\$8.16	\$12.51	\$17.55
83	\$9.41	\$14.36	\$19.65	\$8.46	\$12.94	\$17.55
84	\$9.74	\$14.82	\$20.30	\$8.76	\$13.36	\$18.77
0-1	Ψ2.14	Ψ17.02	φ20.30	ψ0.70	Ψ1Ο	Ψ10.//

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

		30 Day Elimination Period			90 Day Elimination Period			
18-29   \$1.07	Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
30-34         \$1,40         \$2,14         \$2,78         \$1,27         \$1,93         \$2,59           35-39         \$1,83         \$2,77         \$3,62         \$1,65         \$2,20         \$3,35           40         \$2,06         \$3,14         \$4,09         \$1,86         \$2,83         \$3,78           41         \$2,14         \$3,28         \$4,26         \$1,93         \$2,94         \$3,95           42         \$2,24         \$3,43         \$4,46         \$2,02         \$3,09         \$4,12           43         \$2,37         \$3,62         \$4,72         \$2,13         \$3,26         \$4,36           44         \$2,50         \$3,82         \$4,98         \$2,25         \$3,44         \$4,60           45         \$2,64         \$4,02         \$5,23         \$2,37         \$3,62         \$4,85           46         \$2,76         \$4,22         \$5,50         \$2,48         \$3,80         \$5,08           47         \$2,29         \$4,49         \$3,07         \$4,80         \$6,34         \$2,76         \$4,18         \$5,64           49         \$3,07         \$4,80         \$6,34         \$2,76         \$4,32         \$5,86           50         \$3,1								
353.9         \$1.83         \$2.77         \$3.62         \$1.65         \$2.50         \$3.35           40         \$2.06         \$3.14         \$4.09         \$1.86         \$2.83         \$3.78           41         \$2.14         \$3.28         \$4.26         \$1.93         \$2.94         \$3.95           42         \$2.24         \$3.43         \$4.46         \$2.02         \$3.09         \$4.12           43         \$2.37         \$3.62         \$4.72         \$2.13         \$3.26         \$4.36           45         \$2.64         \$4.02         \$5.23         \$2.37         \$3.62         \$4.85           46         \$2.76         \$4.22         \$5.50         \$2.48         \$3.60         \$4.85           47         \$2.93         \$4.49         \$5.84         \$2.65         \$4.04         \$5.40           48         \$3.00         \$4.64         \$6.09         \$2.70         \$4.18         \$5.64           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           \$1         \$3.18         \$5.11         \$5.86 </td <td>18-29</td> <td>\$1.07</td> <td>\$1.62</td> <td></td> <td>\$0.96</td> <td>\$1.47</td> <td></td>	18-29	\$1.07	\$1.62		\$0.96	\$1.47		
40         \$2.06         \$3.14         \$4.09         \$1.86         \$2.83         \$3.78           41         \$2.14         \$3.28         \$4.26         \$1.93         \$2.94         \$3.95           42         \$2.24         \$3.43         \$4.46         \$2.02         \$3.09         \$4.12           43         \$2.37         \$3.62         \$4.72         \$2.13         \$3.26         \$4.36           45         \$2.64         \$4.02         \$5.23         \$2.37         \$3.62         \$4.85           46         \$2.76         \$4.22         \$5.50         \$2.48         \$3.80         \$5.08           47         \$2.93         \$4.49         \$5.84         \$2.65         \$4.18         \$5.64           48         \$3.00         \$4.64         \$6.09         \$2.70         \$4.18         \$5.64           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.25         \$6.58           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           51         \$3.18         \$5.11         \$6.85         \$2.87         \$4.59         \$6.20           52         \$3.25         \$5.25         \$7.09			\$2.14				\$2.59	
41         \$2,14         \$3,28         \$4,26         \$1,93         \$2,94         \$3,95           42         \$2,24         \$3,43         \$4,46         \$2,02         \$3,09         \$4,12           43         \$2,37         \$3,62         \$4,72         \$2,13         \$3,26         \$4,36           44         \$2,50         \$3,82         \$4,98         \$2,25         \$3,44         \$4,60           45         \$2,64         \$4,02         \$5,50         \$2,48         \$3,80         \$5,08           46         \$2,76         \$4,22         \$5,50         \$2,48         \$3,80         \$5,08           47         \$2,93         \$4,49         \$5,84         \$2,65         \$4,04         \$5,40           48         \$3,00         \$4,64         \$6,09         \$2,70         \$4,18         \$5,64           49         \$3,07         \$4,80         \$6,34         \$2,76         \$4,32         \$5,86           50         \$3,11         \$4,95         \$6,58         \$2,82         \$4,45         \$6,10           \$1         \$3,18         \$5,15         \$6,59         \$2,23         \$4,73         \$6,50           \$3         \$3,34         \$5,25         \$7,31		\$1.83	\$2.77	\$3.62	\$1.65	\$2.50	\$3.35	
42         \$2.24         \$3.43         \$4.46         \$2.02         \$3.09         \$4.12           43         \$2.37         \$3.62         \$4.72         \$2.13         \$3.26         \$4.36           44         \$2.50         \$3.82         \$4.98         \$2.25         \$3.44         \$4.60           45         \$2.64         \$4.02         \$5.23         \$2.37         \$3.62         \$4.85           46         \$2.76         \$4.22         \$5.50         \$2.48         \$3.80         \$5.08           47         \$2.93         \$4.49         \$5.84         \$2.65         \$4.04         \$5.40           48         \$3.00         \$4.64         \$6.09         \$2.70         \$4.18         \$5.64           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           \$1         \$3.18         \$5.11         \$6.85         \$2.87         \$4.59         \$6.32           \$2         \$3.25         \$5.25         \$7.50         \$2.93         \$4.73         \$6.62           \$3         \$3.34         \$5.42         \$7.31		\$2.06	\$3.14	\$4.09		\$2.83		
43         \$2.37         \$3.62         \$4.72         \$2.13         \$3.26         \$4.36           44         \$2.50         \$3.82         \$4.98         \$2.25         \$3.44         \$4.60           45         \$2.64         \$4.02         \$5.23         \$2.37         \$3.62         \$4.85           46         \$2.76         \$4.22         \$5.50         \$2.48         \$3.80         \$5.08           47         \$2.93         \$4.49         \$5.84         \$2.65         \$4.04         \$5.40           48         \$3.00         \$4.64         \$6.09         \$2.70         \$4.18         \$5.64           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.87         \$4.59         \$6.32           51         \$3.18         \$5.11         \$6.85         \$2.87         \$4.59         \$6.32           52         \$3.25         \$5.25         \$7.99         \$2.93         \$4.73         \$6.56           \$3         \$3.34         \$5.42         \$7.31         \$3.10         \$5.03         \$6.96           \$5         \$3.55         \$5.57         \$7.72	41	\$2.14	\$3.28	\$4.26	\$1.93	\$2.94	\$3.95	
44         \$2.50         \$3.82         \$4.98         \$2.25         \$3.44         \$4.60           45         \$2.64         \$4.02         \$5.23         \$2.37         \$3.62         \$4.85           46         \$2.76         \$4.22         \$5.50         \$2.48         \$3.80         \$5.08           47         \$2.93         \$4.49         \$5.84         \$2.65         \$4.04         \$5.40           48         \$3.00         \$4.64         \$6.09         \$2.70         \$4.18         \$5.64           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           \$1         \$3.18         \$5.11         \$6.85         \$2.87         \$4.59         \$6.32           \$2         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$66.56           \$3         \$3.34         \$5.42         \$7.31         \$3.10         \$5.03         \$6.96           \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           \$6         \$3.66         \$5.93         \$7.95         \$3.30<	42	\$2.24	\$3.43	\$4.46	\$2.02	\$3.09	\$4.12	
45         \$2.64         \$4.02         \$5.23         \$2.37         \$3.62         \$4.85           46         \$2.76         \$4.22         \$5.50         \$2.48         \$3.80         \$5.08           47         \$2.93         \$4.49         \$5.84         \$2.65         \$4.04         \$5.40           48         \$3.00         \$4.64         \$6.09         \$2.70         \$4.18         \$5.64           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           51         \$3.18         \$5.11         \$6.85         \$2.87         \$4.59         \$6.32           52         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$6.56           \$3         \$3.34         \$5.42         \$7.31         \$3.10         \$5.03         \$6.96           \$53         \$3.34         \$5.52         \$7.72         \$3.19         \$5.19         \$7.14           \$4         \$3.45         \$5.59         \$7.51         \$3.10         \$5.35         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14         \$7	43	\$2.37	\$3.62	\$4.72	\$2.13	\$3.26	\$4.36	
46         \$2.76         \$4.22         \$5.50         \$2.48         \$3.80         \$5.08           47         \$2.93         \$4.49         \$5.84         \$2.65         \$4.04         \$5.40           48         \$3.007         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           51         \$3.18         \$5.51         \$6.85         \$2.87         \$4.59         \$6.32           52         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$6.56           \$3         \$3.34         \$5.42         \$7.31         \$3.01         \$4.88         \$6.74           \$4         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           \$55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           \$6         \$3.66         \$5.93         \$7.95         \$3.30         \$5.34         \$7.35           \$7         \$3.78         \$6.11         \$8.18 <td></td> <td>\$2.50</td> <td>\$3.82</td> <td>\$4.98</td> <td>\$2.25</td> <td>\$3.44</td> <td>\$4.60</td>		\$2.50	\$3.82	\$4.98	\$2.25	\$3.44	\$4.60	
47         \$2,93         \$4,49         \$5,84         \$2,65         \$4,04         \$5,40           48         \$3,00         \$4,64         \$6,09         \$2,70         \$4,18         \$5,64           49         \$3,07         \$4,80         \$6,634         \$2,76         \$4,32         \$5,586           50         \$3,11         \$4,95         \$6,58         \$2,87         \$4,45         \$6,10           \$1         \$3,18         \$5,11         \$6,85         \$2,87         \$4,45         \$6,10           \$2         \$3,25         \$5,525         \$7,09         \$2,93         \$4,73         \$6,56           \$3         \$3,34         \$5,42         \$7,31         \$3,01         \$4,88         \$6,74           \$4         \$3,45         \$5,59         \$7,51         \$3,10         \$5,03         \$6.96           \$5         \$3,36         \$5,93         \$7,95         \$3,30         \$5,19         \$7,14           \$6         \$3,66         \$5,93         \$7,95         \$3,30         \$5,51         \$7,35           \$3,78         \$6,11         \$8,18         \$3,39         \$5,51         \$7,35           \$8         \$3,87         \$6,28         \$8,45         \$3,4	45	\$2.64	\$4.02	\$5.23	\$2.37	\$3.62	\$4.85	
48         \$3.00         \$4.64         \$6.09         \$2.70         \$4.18         \$5.64           49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           51         \$3.18         \$5.11         \$6.85         \$2.87         \$4.59         \$6.32           \$2         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$6.56           \$3         \$3.34         \$5.42         \$7.31         \$3.01         \$4.88         \$6.74           \$4         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           \$55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           \$6         \$3.66         \$5.93         \$7.95         \$3.30         \$5.51         \$7.35           \$57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           \$8         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           \$9         \$3.95         \$6.46         \$8.69 <td>46</td> <td>\$2.76</td> <td>\$4.22</td> <td>\$5.50</td> <td>\$2.48</td> <td>\$3.80</td> <td>\$5.08</td>	46	\$2.76	\$4.22	\$5.50	\$2.48	\$3.80	\$5.08	
49         \$3.07         \$4.80         \$6.34         \$2.76         \$4.32         \$5.86           50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           51         \$3.18         \$5.51         \$6.85         \$2.87         \$4.59         \$6.32           52         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$6.56           53         \$3.34         \$5.42         \$7.31         \$3.01         \$4.88         \$6.74           54         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.34         \$7.35           57         \$3.78         \$6.61         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98	47	\$2.93	\$4.49	\$5.84	\$2.65	\$4.04	\$5.40	
50         \$3.11         \$4.95         \$6.58         \$2.82         \$4.45         \$6.10           51         \$3.18         \$5.11         \$6.85         \$2.87         \$4.99         \$6.32           52         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$6.56           53         \$3.34         \$5.42         \$7.31         \$3.01         \$4.88         \$6.74           54         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.34         \$7.35           57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65	48	\$3.00	\$4.64	\$6.09	\$2.70	\$4.18	\$5.64	
51         \$3.18         \$5.11         \$6.85         \$2.87         \$4.59         \$6.32           52         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$6.56           53         \$3.34         \$5.42         \$7.31         \$3.01         \$4.88         \$6.74           54         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.34         \$7.35           57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.363         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65 <td>49</td> <td>\$3.07</td> <td>\$4.80</td> <td>\$6.34</td> <td>\$2.76</td> <td>\$4.32</td> <td>\$5.86</td>	49	\$3.07	\$4.80	\$6.34	\$2.76	\$4.32	\$5.86	
52         \$3.25         \$5.25         \$7.09         \$2.93         \$4.73         \$6.56           53         \$3.34         \$5.42         \$7.31         \$3.01         \$4.88         \$6.74           54         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           55         \$3.55         \$5.75         \$7.72         \$3.10         \$5.19         \$7.14           56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.34         \$7.35           57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49 <td>50</td> <td>\$3.11</td> <td>\$4.95</td> <td>\$6.58</td> <td>\$2.82</td> <td>\$4.45</td> <td>\$6.10</td>	50	\$3.11	\$4.95	\$6.58	\$2.82	\$4.45	\$6.10	
53         \$3.34         \$5.42         \$7.31         \$3.01         \$4.88         \$6.74           54         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.34         \$7.35           57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.9.2           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49 </td <td>51</td> <td>\$3.18</td> <td>\$5.11</td> <td>\$6.85</td> <td>\$2.87</td> <td>\$4.59</td> <td>\$6.32</td>	51	\$3.18	\$5.11	\$6.85	\$2.87	\$4.59	\$6.32	
54         \$3.45         \$5.59         \$7.51         \$3.10         \$5.03         \$6.96           55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.51         \$7.35           57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.32         \$8.67         \$11.50 </td <td>52</td> <td>\$3.25</td> <td>\$5.25</td> <td>\$7.09</td> <td>\$2.93</td> <td>\$4.73</td> <td>\$6.56</td>	52	\$3.25	\$5.25	\$7.09	\$2.93	\$4.73	\$6.56	
55         \$3.55         \$5.75         \$7.72         \$3.19         \$5.19         \$7.14           56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.51         \$7.56           57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50	53	\$3.34	\$5.42	\$7.31	\$3.01	\$4.88	\$6.74	
56         \$3.66         \$5.93         \$7.95         \$3.30         \$5.34         \$7.35           57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.049         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12	54	\$3.45	\$5.59	\$7.51	\$3.10	\$5.03	\$6.96	
57         \$3.78         \$6.11         \$8.18         \$3.39         \$5.51         \$7.56           58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$1	55	\$3.55	\$5.75	\$7.72	\$3.19	\$5.19	\$7.14	
58         \$3.87         \$6.28         \$8.45         \$3.48         \$5.66         \$7.81           59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04 <td< td=""><td>56</td><td>\$3.66</td><td>\$5.93</td><td>\$7.95</td><td>\$3.30</td><td>\$5.34</td><td>\$7.35</td></td<>	56	\$3.66	\$5.93	\$7.95	\$3.30	\$5.34	\$7.35	
59         \$3.95         \$6.46         \$8.69         \$3.55         \$5.82         \$8.05           60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54	57	\$3.78	\$6.11	\$8.18	\$3.39	\$5.51	\$7.56	
60         \$4.04         \$6.63         \$8.98         \$3.63         \$5.97         \$8.30           61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.452         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06	58	\$3.87	\$6.28	\$8.45	\$3.48	\$5.66	\$7.81	
61         \$4.17         \$6.82         \$9.29         \$3.73         \$6.17         \$8.59           62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60	59	\$3.95	\$6.46	\$8.69	\$3.55	\$5.82	\$8.05	
62         \$4.32         \$7.10         \$9.65         \$3.88         \$6.39         \$8.92           63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23 <td>60</td> <td>\$4.04</td> <td>\$6.63</td> <td>\$8.98</td> <td>\$3.63</td> <td>\$5.97</td> <td>\$8.30</td>	60	\$4.04	\$6.63	\$8.98	\$3.63	\$5.97	\$8.30	
63         \$4.52         \$7.43         \$10.05         \$4.07         \$6.69         \$9.30           64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85	61	\$4.17	\$6.82	\$9.29	\$3.73	\$6.17	\$8.59	
64         \$4.76         \$7.81         \$10.49         \$4.28         \$7.02         \$9.71           65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13	62	\$4.32	\$7.10	\$9.65	\$3.88	\$6.39	\$8.92	
65         \$5.03         \$8.22         \$10.97         \$4.52         \$7.42         \$10.15           66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01	63	\$4.52	\$7.43	\$10.05	\$4.07	\$6.69	\$9.30	
66         \$5.32         \$8.67         \$11.50         \$4.77         \$7.81         \$10.61           67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41 <t< td=""><td>64</td><td>\$4.76</td><td>\$7.81</td><td>\$10.49</td><td>\$4.28</td><td>\$7.02</td><td>\$9.71</td></t<>	64	\$4.76	\$7.81	\$10.49	\$4.28	\$7.02	\$9.71	
67         \$5.61         \$9.11         \$12.05         \$5.05         \$8.22         \$11.14           68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64	65	\$5.03	\$8.22	\$10.97	\$4.52	\$7.42	\$10.15	
68         \$5.93         \$9.57         \$12.65         \$5.32         \$8.62         \$11.69           69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88	66	\$5.32	\$8.67	\$11.50	\$4.77	\$7.81	\$10.61	
69         \$6.25         \$10.04         \$13.28         \$5.63         \$9.06         \$12.30           70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10	67	\$5.61	\$9.11	\$12.05	\$5.05	\$8.22	\$11.14	
70         \$6.61         \$10.54         \$13.97         \$5.93         \$9.49         \$12.93           71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33	68	\$5.93	\$9.57	\$12.65	\$5.32	\$8.62	\$11.69	
71         \$6.94         \$11.06         \$14.69         \$6.23         \$9.97         \$13.58           72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55	69	\$6.25	\$10.04	\$13.28	\$5.63	\$9.06	\$12.30	
72         \$7.33         \$11.60         \$15.44         \$6.57         \$10.45         \$14.29           73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78 <td>70</td> <td>\$6.61</td> <td>\$10.54</td> <td>\$13.97</td> <td>\$5.93</td> <td>\$9.49</td> <td>\$12.93</td>	70	\$6.61	\$10.54	\$13.97	\$5.93	\$9.49	\$12.93	
73         \$7.74         \$12.23         \$16.30         \$6.97         \$11.03         \$15.08           74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78         \$16.44         \$22.36         \$9.69         \$14.80         \$20.68	71	\$6.94	\$11.06	\$14.69	\$6.23	\$9.97	\$13.58	
74         \$8.16         \$12.85         \$17.16         \$7.34         \$11.58         \$15.87           75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78         \$16.44         \$22.36         \$9.69         \$14.80         \$20.68	72	\$7.33	\$11.60	\$15.44	\$6.57	\$10.45	\$14.29	
75         \$8.59         \$13.46         \$18.02         \$7.71         \$12.14         \$16.67           76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78         \$16.44         \$22.36         \$9.69         \$14.80         \$20.68	73	\$7.74	\$12.23	\$16.30	\$6.97	\$11.03	\$15.08	
76         \$9.01         \$14.08         \$18.87         \$8.09         \$12.70         \$17.46           77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78         \$16.44         \$22.36         \$9.69         \$14.80         \$20.68	74	\$8.16	\$12.85	\$17.16	\$7.34	\$11.58	\$15.87	
77         \$9.41         \$14.71         \$19.75         \$8.47         \$13.26         \$18.25           78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78         \$16.44         \$22.36         \$9.69         \$14.80         \$20.68	75	\$8.59	\$13.46	\$18.02	\$7.71	\$12.14	\$16.67	
78         \$9.64         \$14.99         \$20.17         \$8.67         \$13.51         \$18.65           79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78         \$16.44         \$22.36         \$9.69         \$14.80         \$20.68	76	\$9.01	\$14.08	\$18.87	\$8.09	\$12.70	\$17.46	
79         \$9.88         \$15.29         \$20.62         \$8.88         \$13.78         \$19.05           80         \$10.10         \$15.57         \$21.04         \$9.08         \$14.04         \$19.46           81         \$10.33         \$15.86         \$21.48         \$9.29         \$14.29         \$19.86           82         \$10.55         \$16.14         \$21.93         \$9.48         \$14.54         \$20.28           83         \$10.78         \$16.44         \$22.36         \$9.69         \$14.80         \$20.68	77	\$9.41	\$14.71	\$19.75	\$8.47	\$13.26	\$18.25	
80       \$10.10       \$15.57       \$21.04       \$9.08       \$14.04       \$19.46         81       \$10.33       \$15.86       \$21.48       \$9.29       \$14.29       \$19.86         82       \$10.55       \$16.14       \$21.93       \$9.48       \$14.54       \$20.28         83       \$10.78       \$16.44       \$22.36       \$9.69       \$14.80       \$20.68		\$9.64	\$14.99	\$20.17	\$8.67	\$13.51	\$18.65	
81     \$10.33     \$15.86     \$21.48     \$9.29     \$14.29     \$19.86       82     \$10.55     \$16.14     \$21.93     \$9.48     \$14.54     \$20.28       83     \$10.78     \$16.44     \$22.36     \$9.69     \$14.80     \$20.68	79	\$9.88	\$15.29	\$20.62	\$8.88	\$13.78	\$19.05	
82     \$10.55     \$16.14     \$21.93     \$9.48     \$14.54     \$20.28       83     \$10.78     \$16.44     \$22.36     \$9.69     \$14.80     \$20.68	80	\$10.10	\$15.57	\$21.04	\$9.08	\$14.04	\$19.46	
83 \$10.78 \$16.44 \$22.36 \$9.69 \$14.80 \$20.68	81	\$10.33	\$15.86	\$21.48	\$9.29	\$14.29	\$19.86	
	82	\$10.55	\$16.14	\$21.93	\$9.48	\$14.54	\$20.28	
84 \$11.01 \$16.72 \$22.78 \$9.89 \$15.07 \$21.07	83	\$10.78	\$16.44	\$22.36	\$9.69	\$14.80	\$20.68	
	84	\$11.01	\$16.72	\$22.78	\$9.89	\$15.07	\$21.07	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$1.15	\$1.85	\$2.39	\$1.04	\$1.67	\$2.21	
30-34	1.51	2.44	3.16	1.36	2.18	2.91	
35-39	1.96	3.15	4.10	1.76	2.84	3.78	
40	2.21	3.56	4.62	1.99	3.21	4.27	
41	2.31	3.71	4.83	2.07	3.35	4.45	
42	2.42	3.88	5.04	2.17	3.50	4.66	
43	2.56	4.10	5.33	2.30	3.70	4.93	
44	2.70	4.33	5.63	2.42	3.91	5.21	
45	2.84	4.55	5.92	2.55	4.10	5.47	
46	2.98	4.77	6.22	2.67	4.31	5.74	
47	3.16	5.08	6.61	2.84	4.58	6.10	
48	3.32	5.31	6.93	2.97	4.79	6.40	
49	3.46	5.54	7.24	3.11	5.00	6.69	
50	3.61	5.77	7.56	3.23	5.19	6.99	
51	3.75	6.01	7.87	3.37	5.40	7.28	
52	3.91	6.23	8.19	3.50	5.61	7.57	
53	4.09	6.55	8.67	3.67	5.91	8.01	
54	4.28	6.87	9.14	3.84	6.19	8.46	
55	4.47	7.20	9.62	4.00	6.48	8.89	
56	4.69	7.57	10.18	4.21	6.83	9.41	
57	4.97	8.04	10.81	4.47	7.24	10.00	
58	5.29	8.54	11.45	4.76	7.70	10.60	
59	5.66	9.09	12.14	5.08	8.19	11.23	
60	6.05	9.70	12.88	5.43	8.74	11.91	
61	6.48	10.39	13.75	5.82	9.35	12.71	
62	6.97	11.16	14.76	6.27	10.07	13.65	
63	7.48	11.98	15.88	6.72	10.81	14.69	
64	7.99	12.84	17.07	7.18	11.58	15.78	
65	8.58	13.80	18.41	7.71	12.45	17.02	
66	9.28	14.97	19.99	8.34	13.48	18.49	
67	10.06	16.28	21.75	9.05	14.66	20.11	
68	10.91	17.65	23.55	9.80	15.91	21.78	
69	11.99	19.41	25.87	10.77	17.48	23.92	
70	12.72	20.63	27.43	11.44	18.59	25.37	
71	13.56	22.01	29.18	12.19	19.82	26.99	
72	14.36	23.39	30.90	12.91	21.08	28.57	
73	15.42	25.24	33.16	13.86	22.74	30.67	
74	16.71	27.46	35.92	15.02	24.74	33.21	
75	18.36	30.28	39.47	16.50	27.28	36.49	
76	20.35	33.66	43.75	18.29	30.33	40.45	
77	22.18	36.75	47.65	19.93	33.12	44.07	
78	24.99	41.43	53.71	22.46	37.33	49.68	
79	27.81	46.10	59.77	24.99	41.54	55.28	
80	30.62	50.78	65.84	27.53	45.75	60.87	
81	33.45	55.44	71.90	30.06	49.96	66.48	
82	36.27	60.12	77.95	32.60	54.18	72.08	
83	39.08	64.79	84.01	35.13	58.39	77.68	
84	41.90	69.47	90.07	37.66	62.59	83.29	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.64	\$0.99	\$1.37	\$0.57	\$0.91	\$1.27	
30-34	0.84	1.32	1.81	0.76	1.19	1.68	
35-39	1.09	1.71	2.34	0.99	1.54	2.17	
40	1.23	1.93	2.65	1.12	1.75	2.45	
41	1.29	2.02	2.76	1.16	1.82	2.56	
42	1.34	2.10	2.88	1.22	1.90	2.67	
43	1.43	2.23	3.05	1.29	2.02	2.83	
44	1.50	2.35	3.22	1.36	2.13	2.98	
45	1.58	2.48	3.39	1.43	2.24	3.14	
46	1.67	2.59	3.56	1.50	2.34	3.29	
47	1.76	2.76	3.78	1.60	2.49	3.50	
48	1.86	2.97	4.00	1.68	2.67	3.71	
49	1.96	3.18	4.24	1.76	2.86	3.92	
50	2.04	3.37	4.47	1.86	3.05	4.14	
51	2.14	3.58	4.70	1.95	3.23	4.35	
52	2.24	3.79	4.93	2.03	3.42	4.56	
53	2.37	3.95	5.21	2.14	3.56	4.83	
54	2.49	4.12	5.50	2.25	3.71	5.10	
55	2.62	4.27	5.78	2.37	3.85	5.36	
56	2.76	4.45	6.10	2.48	4.00	5.64	
57	2.88	4.65	6.41	2.59	4.19	5.92	
58	2.98	4.89	6.71	2.67	4.40	6.20	
59	3.07	5.12	6.99	2.76	4.62	6.45	
60	3.16	5.38	7.28	2.84	4.86	6.73	
61	3.29	5.67	7.62	2.97	5.12	7.04	
62	3.47	6.01	8.02	3.11	5.39	7.41	
63	3.71	6.34	8.47	3.33	5.70	7.83	
64	3.99	6.69	8.97	3.60	6.02	8.30	
65	4.31	7.08	9.52	3.88	6.38	8.81	
66	4.65	7.50	10.12	4.17	6.78	9.35	
67	5.01	7.98	10.78	4.49	7.20	9.97	
68	5.35	8.51	11.52	4.82	7.67	10.65	
69	5.71	9.07	12.31	5.14	8.19	11.38	
70	6.10	9.69	13.16	5.47	8.74	12.17	
71	6.50	10.35	14.06	5.84	9.32	12.99	
72	6.96	11.05	15.01	6.26	9.94	13.89	
73	7.52	11.89	16.11	6.76	10.71	14.91	
74	8.08	12.71	17.22	7.27	11.45	15.92	
75	8.65	13.54	18.31	7.77	12.19	16.94	
76	9.21	14.36	19.42	8.27	12.95	17.96	
77	9.77	15.20	20.52	8.78	13.69	18.98	
78	10.19	15.81	21.39	9.17	14.24	19.77	
79	10.63	16.41	22.26	9.56	14.78	20.58	
80	11.06	17.01	23.13	9.94	15.33	21.39	
81	11.48	17.63	24.00	10.32	15.88	22.19	
82	11.91	18.23	24.88	10.70	16.41	23.00	
83	12.35	18.83	25.75	11.09	16.95	23.80	
84	12.77	19.43	26.61	11.48	17.51	24.60	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 I	Day Elimination Pe		90 Day Elimination Period		riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.40	\$2.13	\$2.77	\$1.26	\$1.92	\$2.58
30-34	1.83	2.81	3.65	1.67	2.53	3.39
35-39	2.39	3.64	4.75	2.16	3.28	4.40
40	2.70	4.12	5.36	2.44	3.71	4.96
41	2.81	4.30	5.59	2.53	3.86	5.17
42	2.94	4.49	5.85	2.65	4.05	5.40
43	3.11	4.75	6.19	2.80	4.27	5.73
44	3.28	5.01	6.52	2.95	4.51	6.03
45	3.46	5.28	6.86	3.11	4.75	6.36
46	3.63	5.53	7.21	3.26	4.98	6.66
47	3.85	5.88	7.66	3.47	5.29	7.08
48	3.93	6.08	7.98	3.54	5.47	7.39
49	4.02	6.29	8.32	3.61	5.66	7.69
50	4.09	6.48	8.64	3.70	5.84	7.99
51	4.17	6.69	8.97	3.77	6.02	8.29
52	4.26	6.89	9.30	3.84	6.20	8.60
53	4.38	7.10	9.58	3.95	6.40	8.85
54	4.52	7.32	9.84	4.07	6.59	9.11
55	4.65	7.53	10.12	4.19	6.79	9.37
56	4.80	7.77	10.42	4.33	7.00	9.63
57	4.94	8.01	10.72	4.45	7.22	9.91
58	5.07	8.23	11.07	4.56	7.42	10.23
59	5.18	8.46	11.40	4.65	7.62	10.54
60	5.29	8.68	11.77	4.76	7.83	10.88
61	5.46	8.95	12.17	4.90	8.08	11.26
62	5.66	9.31	12.66	5.08	8.37	11.69
63	5.94	9.74	13.17	5.33	8.76	12.18
64	6.24	10.23	13.75	5.61	9.21	12.73
65	6.59	10.78	14.38	5.92	9.72	13.30
66	6.97	11.35	15.06	6.26	10.23	13.92
67	7.36	11.94	15.79	6.62	10.77	14.60
68	7.77	12.54	16.58	6.99	11.30	15.33
69	8.19	13.16	17.42	7.38	11.87	16.11
70	8.65	13.82	18.31	7.77	12.45	16.94
71	9.10	14.49	19.25	8.18	13.06	17.81
72	9.60	15.20	20.24	8.62	13.71	18.73
73	10.15	16.03	21.38	9.13	14.45	19.77
74	10.70	16.84	22.50	9.62	15.18	20.80
75	11.26	17.65	23.62	10.11	15.92	21.85
76	11.80	18.47	24.74	10.61	16.65	22.89
77	12.35	19.29	25.89	11.10	17.37	23.93
78	12.64	19.66	26.45	11.37	17.71	24.44
79	12.95	20.03	27.02	11.65	18.06	24.98
80	13.24	20.41	27.58	11.90	18.40	25.51
81	13.54	20.79	28.15	12.17	18.73	26.04
82	13.83	21.17	28.73	12.43	19.07	26.57
83	14.13	21.55	29.30	12.70	19.40	27.10
84	14.43	21.91	29.88	12.96	19.75	27.62
٠.			27.00	12.70	27.70	27.02

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES

## LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.98	\$1.57	\$2.03	\$0.88	\$1.41	\$1.88	
30-34	1.29	2.07	2.69	1.15	1.86	2.48	
35-39	1.67	2.67	3.49	1.50	2.42	3.22	
40	1.88	3.02	3.93	1.69	2.73	3.63	
41	1.96	3.15	4.10	1.76	2.84	3.78	
42	2.06	3.30	4.28	1.85	2.98	3.96	
43	2.18	3.49	4.54	1.95	3.15	4.19	
44	2.30	3.68	4.79	2.06	3.32	4.42	
45	2.42	3.86	5.04	2.17	3.49	4.66	
46	2.53	4.06	5.29	2.27	3.67	4.89	
47	2.69	4.33	5.61	2.42	3.89	5.19	
48	2.83	4.51	5.89	2.52	4.07	5.45	
49	2.94	4.72	6.16	2.65	4.26	5.70	
50	3.07	4.90	6.43	2.74	4.42	5.94	
51	3.19	5.11	6.69	2.87	4.59	6.19	
52	3.32	5.29	6.97	2.98	4.77	6.44	
53	3.47	5.57	7.36	3.12	5.03	6.80	
54	3.64	5.85	7.77	3.26	5.26	7.20	
55	3.79	6.12	8.18	3.40	5.52	7.56	
56	3.99	6.44	8.65	3.58	5.81	8.01	
57	4.23	6.83	9.20	3.79	6.16	8.50	
58	4.49	7.27	9.74	4.05	6.55	9.02	
59	4.82	7.73	10.32	4.33	6.97	9.55	
60	5.14	8.25	10.95	4.62	7.43	10.14	
61	5.52	8.83	11.69	4.96	7.95	10.81	
62	5.94	9.49	12.54	5.33	8.55	11.61	
63	6.36	10.19	13.50	5.71	9.20	12.49	
64	6.80	10.92	14.52	6.10	9.84	13.41	
65	7.29	11.75	15.65	6.57	10.58	14.48	
66	7.90	12.73	17.00	7.10	11.47	15.72	
67	8.55	13.84	18.49	7.69	12.46	17.09	
68	9.27	15.00	20.02	8.33	13.52	18.51	
69	10.19	16.50	21.99	9.15	14.86	20.33	
70	10.81	17.54	23.32	9.72	15.80	21.56	
71	11.53	18.71	24.80	10.36	16.85	22.94	
72	12.21	19.88	26.27	10.97	17.92	24.28	
73	13.11	21.45	28.19	11.78	19.33	26.07	
74	14.20	23.34	30.53	12.77	21.03	28.23	
75	15.61	25.74	33.55	14.03	23.19	31.02	
76	17.30	28.61	37.19	15.55	25.78	34.38	
77	18.85	31.24	40.50	16.94	28.15	37.46	
78	21.24	35.22	45.65	19.09	31.73	42.23	
79	23.64	39.19	50.80	21.24	35.31	46.99	
80	26.03	43.16	55.96	23.40	38.89	51.74	
81	28.43	47.12	61.12	25.55	42.47	56.51	
82	30.83	51.10	66.26	27.71	46.05	61.27	
83	33.22	55.07	71.41	29.86	49.63	66.03	
84	35.62	59.05	76.56	32.01	53.20	70.80	
٠.	55.02	57.05	70.00	52.01	22.20	, 0.00	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001

## SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.55	\$0.84	\$1.16	\$0.49	\$0.77	\$1.08	
30-34	0.71	1.12	1.54	0.64	1.01	1.43	
35-39	0.92	1.46	1.99	0.84	1.32	1.85	
40	1.05	1.64	2.25	0.95	1.48	2.09	
41	1.09	1.71	2.35	0.99	1.55	2.18	
42	1.15	1.79	2.45	1.04	1.62	2.27	
43	1.22	1.89	2.59	1.09	1.71	2.41	
44	1.27	2.00	2.74	1.15	1.81	2.53	
45	1.34	2.11	2.88	1.22	1.90	2.67	
46	1.41	2.20	3.02	1.27	1.99	2.80	
47	1.50	2.35	3.22	1.36	2.11	2.98	
48	1.58	2.52	3.40	1.43	2.27	3.15	
49	1.67	2.70	3.61	1.50	2.42	3.33	
50	1.74	2.87	3.79	1.58	2.59	3.53	
51	1.82	3.05	4.00	1.65	2.74	3.70	
52	1.90	3.22	4.19	1.72	2.91	3.88	
53	2.02	3.36	4.42	1.82	3.02	4.10	
54	2.11	3.50	4.68	1.92	3.15	4.34	
55	2.23	3.63	4.91	2.02	3.28	4.56	
56	2.35	3.78	5.19	2.11	3.40	4.80	
57	2.45	3.95	5.46	2.20	3.56	5.04	
58	2.53	4.16	5.70	2.27	3.74	5.28	
59	2.60	4.35	5.94	2.35	3.93	5.49	
60	2.69	4.58	6.19	2.42	4.13	5.73	
61	2.80	4.82	6.48	2.52	4.35	5.99	
62	2.95	5.11	6.82	2.65	4.58	6.30	
63	3.15	5.39	7.21	2.83	4.84	6.65	
64	3.39	5.70	7.63	3.07	5.12	7.06	
65	3.67	6.02	8.09	3.30	5.43	7.49	
66	3.95	6.38	8.61	3.54	5.77	7.95	
67	4.26	6.79	9.17	3.82	6.12	8.48	
68	4.55	7.24	9.80	4.10	6.52	9.06	
69	4.86	7.71	10.47	4.37	6.97	9.67	
70	5.19	8.25	11.19	4.66	7.43	10.35	
71	5.53	8.79	11.96	4.97	7.92	11.05	
72	5.92	9.39	12.77	5.32	8.46	11.82	
73	6.40	10.11	13.71	5.75	9.11	12.68	
74	6.87	10.81	14.64	6.17	9.74	13.54	
75	7.36	11.51	15.57	6.61	10.37	14.41	
76	7.84	12.22	16.52	7.04	11.02	15.27	
77	8.32	12.94	17.46	7.46	11.65	16.14	
78	8.67	13.44	18.20	7.80	12.11	16.81	
79	9.04	13.96	18.93	8.13	12.57	17.50	
80	9.41	14.46	19.67	8.46	13.03	18.20	
81	9.76	14.99	20.41	8.78	13.50	18.87	
82	10.14	15.50	21.15	9.10	13.96	19.56	
83	10.50	16.02	21.90	9.44	14.42	20.24	
84	10.86	16.52	22.64	9.76	14.90	20.92	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.19	\$1.81	\$2.35	\$1.08	\$1.64	\$2.18
30-34	1.55	2.39	3.11	1.41	2.16	2.88
35-39	2.03	3.09	4.03	1.83	2.79	3.74
40	2.30	3.50	4.56	2.07	3.15	4.21
41	2.39	3.65	4.75	2.16	3.29	4.40
42	2.51	3.82	4.97	2.25	3.44	4.59
43	2.65	4.03	5.26	2.38	3.63	4.87
44	2.79	4.26	5.54	2.51	3.84	5.14
45	2.94	4.49	5.84	2.65	4.03	5.40
46	3.08	4.70	6.13	2.77	4.24	5.67
47	3.28	5.00	6.51	2.95	4.49	6.02
48	3.35	5.17	6.79	3.01	4.66	6.29
49	3.42	5.35	7.07	3.07	4.82	6.54
50	3.47	5.52	7.35	3.15	4.97	6.80
51	3.54	5.70	7.63	3.21	5.12	7.04
52	3.63	5.85	7.91	3.26	5.28	7.31
53	3.72	6.03	8.15	3.36	5.45	7.52
54	3.85	6.23	8.37	3.46	5.61	7.76
55	3.95	6.41	8.61	3.56	5.77	7.97
56	4.09	6.61	8.86	3.68	5.95	8.19
57	4.20	6.80	9.11	3.78	6.15	8.43
58	4.31	7.00	9.42	3.88	6.31	8.71
59	4.41	7.20	9.69	3.95	6.48	8.96
60	4.49	7.38	10.01	4.05	6.65	9.25
61	4.65	7.60	10.35	4.17	6.87	9.58
62	4.82	7.92	10.77	4.33	7.13	9.94
63	5.05	8.29	11.20	4.54	7.45	10.36
64	5.31	8.71	11.69	4.77	7.84	10.82
65	5.61	9.17	12.22	5.04	8.26	11.31
66	5.94	9.66	12.81	5.32	8.71	11.83
67	6.26	10.15	13.43	5.63	9.16	12.42
68	6.61	10.67	14.10	5.94	9.60	13.03
69	6.97	11.19	14.81	6.27	10.09	13.71
70	7.36	11.75	15.57	6.61	10.58	14.41
71	7.74	12.32	16.37	6.96	11.10	15.15
72	8.16	12.94	17.22	7.34	11.66	15.93
73	8.64	13.64	18.19	7.77	12.29	16.81
74	9.10	14.32	19.14	8.18	12.91	17.70
75	9.58	15.01	20.09	8.60	13.54	18.59
76	10.04	15.71	21.04	9.03	14.15	19.47
77	10.50	16.41	22.02	9.44	14.77	20.34
78	10.75	16.72	22.50	9.67	15.06	20.79
79	11.02	17.04	22.97	9.91	15.36	21.24
80	11.27	17.36	23.45	10.12	15.65	21.70
81	11.51	17.68	23.94	10.35	15.93	22.15
82	11.76	18.00	24.43	10.57	16.21	22.60
83	12.01	18.33	24.92	10.79	16.51	23.06
84	12.28	18.63	25.41	11.03	16.80	23.49

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.01	\$1.64	\$2.14	\$0.91	\$1.47	\$1.97
30-34	\$1.33	\$2.16	\$2.82	\$1.20	\$1.95	\$2.62
35-39	\$1.72	\$2.80	\$3.65	\$1.55	\$2.52	\$3.38
40	\$1.94	\$3.16	\$4.12	\$1.75	\$2.85	\$3.82
41	\$2.04	\$3.30	\$4.31	\$1.83	\$2.98	\$4.00
42	\$2.12	\$3.44	\$4.49	\$1.90	\$3.10	\$4.17
43	\$2.24	\$3.64	\$4.76	\$2.02	\$3.28	\$4.40
44	\$2.36	\$3.84	\$5.02	\$2.13	\$3.46	\$4.65
45	\$2.49	\$4.04	\$5.28	\$2.24	\$3.64	\$4.88
46	\$2.61	\$4.25	\$5.54	\$2.35	\$3.82	\$5.13
47	\$2.78	\$4.51	\$5.89	\$2.50	\$4.07	\$5.46
48	\$2.92	\$4.73	\$6.18	\$2.62	\$4.26	\$5.72
49	\$3.06	\$4.94	\$6.47	\$2.76	\$4.46	\$5.99
50	\$3.20	\$5.16	\$6.75	\$2.88	\$4.65	\$6.25
51	\$3.34	\$5.38	\$7.05	\$3.01	\$4.85	\$6.52
52	\$3.48	\$5.59	\$7.34	\$3.14	\$5.04	\$6.79
53	\$3.65	\$5.86	\$7.73	\$3.28	\$5.28	\$7.15
54	\$3.82	\$6.14	\$8.15	\$3.43	\$5.53	\$7.54
55	\$4.00	\$6.45	\$8.61	\$3.60	\$5.81	\$7.96
56	\$4.21	\$6.81	\$9.12	\$3.79	\$6.13	\$8.43
57	\$4.47	\$7.22	\$9.69	\$4.01	\$6.51	\$8.96
58	\$4.76	\$7.68	\$10.29	\$4.28	\$6.92	\$9.52
59	\$5.09	\$8.19	\$10.92	\$4.57	\$7.38	\$10.10
60	\$5.44	\$8.75	\$11.63	\$4.89	\$7.89	\$10.75
61	\$5.85	\$9.39	\$12.42	\$5.25	\$8.46	\$11.49
62	\$6.30	\$10.10	\$13.36	\$5.66	\$9.11	\$12.35
63	\$6.74	\$10.84	\$14.36	\$6.06	\$9.77	\$13.28
64	\$7.19	\$11.59	\$15.41	\$6.46	\$10.45	\$14.26
65	\$7.70	\$12.44	\$16.61	\$6.92	\$11.22	\$15.36
66	\$8.33	\$13.51	\$18.06	\$7.49	\$12.18	\$16.70
67	\$9.17	\$14.86	\$19.85	\$8.24	\$13.39	\$18.36
68	\$10.18	\$16.45	\$21.94	\$9.15	\$14.83	\$20.29
69	\$11.32	\$18.25	\$24.25	\$10.18	\$16.44	\$22.42
70	\$12.64	\$20.29	\$26.87	\$11.36	\$18.28	\$24.86
71	\$14.11	\$22.65	\$29.90	\$12.69	\$20.41	\$27.64
72	\$15.79	\$25.39	\$33.39	\$14.20	\$22.87	\$30.87
73	\$18.06	\$29.20	\$38.21	\$16.23	\$26.31	\$35.33
74	\$19.94	\$32.43	\$42.25	\$17.93	\$29.22	\$39.07
75	\$21.95	\$35.84	\$46.55	\$19.73	\$32.30	\$43.04
76	\$24.37	\$39.92	\$51.71	\$21.90	\$35.97	\$47.82
77	\$26.59	\$43.66	\$56.44	\$23.89	\$39.34	\$52.20
78	\$29.96	\$49.21	\$63.61	\$26.93	\$44.34	\$58.83
79	\$33.34	\$54.76	\$70.80	\$29.98	\$49.35	\$65.46
80	\$36.72	\$60.31	\$77.97	\$33.01	\$54.35	\$72.09
81	\$40.11	\$65.87	\$85.14	\$36.05	\$59.35	\$78.74
82	\$43.48	\$71.41	\$92.32	\$39.08	\$64.35	\$85.37
83	\$46.86	\$76.97	\$99.50	\$42.12	\$69.36	\$92.00
84	\$50.25	\$82.51	\$106.67	\$45.17	\$74.36	\$98.64

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

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# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 200: SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.63	\$1.05	\$1.48	\$0.56	\$0.95	\$1.37	
30-34	\$0.83	\$1.39	\$1.95	\$0.74	\$1.25	\$1.79	
35-39	\$1.06	\$1.79	\$2.52	\$0.95	\$1.62	\$2.33	
40	\$1.21	\$2.03	\$2.85	\$1.09	\$1.84	\$2.63	
41	\$1.27	\$2.12	\$2.97	\$1.13	\$1.92	\$2.74	
42	\$1.32	\$2.22	\$3.10	\$1.18	\$2.01	\$2.87	
43	\$1.39	\$2.34	\$3.28	\$1.25	\$2.12	\$3.04	
44	\$1.47	\$2.48	\$3.46	\$1.32	\$2.23	\$3.19	
45	\$1.55	\$2.60	\$3.64	\$1.39	\$2.35	\$3.36	
46	\$1.62	\$2.72	\$3.82	\$1.46	\$2.46	\$3.53	
47	\$1.72	\$2.90	\$4.07	\$1.55	\$2.62	\$3.75	
48	\$1.80	\$3.06	\$4.25	\$1.61	\$2.77	\$3.91	
49	\$1.88	\$3.21	\$4.41	\$1.68	\$2.90	\$4.08	
50	\$1.95	\$3.38	\$4.59	\$1.76	\$3.05	\$4.23	
51	\$2.03	\$3.54	\$4.76	\$1.83	\$3.18	\$4.40	
52	\$2.11	\$3.70	\$4.94	\$1.89	\$3.33	\$4.56	
53	\$2.21	\$3.86	\$5.19	\$1.98	\$3.48	\$4.79	
54	\$2.32	\$4.01	\$5.47	\$2.09	\$3.62	\$5.05	
55	\$2.45	\$4.17	\$5.77	\$2.20	\$3.76	\$5.33	
56	\$2.58	\$4.35	\$6.08	\$2.31	\$3.92	\$5.62	
57	\$2.69	\$4.55	\$6.40	\$2.42	\$4.10	\$5.91	
58	\$2.79	\$4.78	\$6.70	\$2.51	\$4.31	\$6.19	
59	\$2.87	\$5.04	\$7.00	\$2.58	\$4.54	\$6.47	
60	\$2.96	\$5.31	\$7.31	\$2.65	\$4.78	\$6.75	
61	\$3.07	\$5.59	\$7.66	\$2.76	\$5.04	\$7.08	
62	\$3.23	\$5.91	\$8.08	\$2.90	\$5.33	\$7.47	
63	\$3.43	\$6.26	\$8.56	\$3.09	\$5.65	\$7.91	
64	\$3.69	\$6.63	\$9.06	\$3.30	\$5.97	\$8.38	
65	\$3.97	\$7.03	\$9.62	\$3.56	\$6.33	\$8.91	
66	\$4.27	\$7.46	\$10.25	\$3.83	\$6.72	\$9.48	
67	\$4.56	\$7.95	\$10.95	\$4.10	\$7.18	\$10.13	
68	\$4.87	\$8.51	\$11.72	\$4.38	\$7.66	\$10.83	
69	\$5.20	\$9.10	\$12.55	\$4.67	\$8.19	\$11.60	
70	\$5.52	\$9.73	\$13.45	\$4.96	\$8.77	\$12.43	
71	\$5.89	\$10.43	\$14.43	\$5.30	\$9.40	\$13.34	
72	\$6.31	\$11.19	\$15.49	\$5.66	\$10.09	\$14.34	
73	\$6.81	\$12.15	\$16.84	\$6.12	\$10.95	\$15.57	
74	\$7.33	\$13.09	\$18.17	\$6.59	\$11.81	\$16.80	
75	\$7.84	\$14.06	\$19.50	\$7.06	\$12.66	\$18.05	
76	\$8.37	\$15.00	\$20.83	\$7.52	\$13.52	\$19.28	
77	\$8.87	\$15.96	\$22.18	\$7.98	\$14.38	\$20.50	
78	\$9.23	\$16.69	\$23.29	\$8.30	\$15.04	\$21.54	
79	\$9.59	\$17.43	\$24.40	\$8.61	\$15.70	\$22.57	
80	\$9.96	\$18.16	\$25.52	\$8.94	\$16.35	\$23.60	
81	\$10.31	\$18.89	\$26.63	\$9.26	\$17.03	\$24.62	
82	\$10.66	\$19.62	\$27.73	\$9.59	\$17.69	\$25.65	
83	\$11.02	\$20.36	\$28.85	\$9.91	\$18.35	\$26.68	
84	\$11.37	\$21.10	\$29.96	\$10.23	\$19.01	\$27.71	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$1.30	\$2.16	\$2.92	\$1.16	\$1.95	\$2.70	
30-34	\$1.70	\$2.86	\$3.85	\$1.52	\$2.57	\$3.56	
35-39	\$2.22	\$3.71	\$5.01	\$1.98	\$3.34	\$4.63	
40	\$2.50	\$4.18	\$5.65	\$2.24	\$3.76	\$5.22	
41	\$2.61	\$4.36	\$5.89	\$2.34	\$3.93	\$5.44	
42	\$2.73	\$4.57	\$6.17	\$2.45	\$4.12	\$5.70	
43	\$2.89	\$4.83	\$6.52	\$2.59	\$4.35	\$6.03	
44	\$3.05	\$5.10	\$6.88	\$2.73	\$4.59	\$6.36	
45	\$3.20	\$5.35	\$7.24	\$2.87	\$4.83	\$6.68	
46	\$3.36	\$5.63	\$7.61	\$3.01	\$5.07	\$7.02	
47	\$3.57	\$5.98	\$8.08	\$3.20	\$5.39	\$7.46	
48	\$3.66	\$6.15	\$8.33	\$3.29	\$5.53	\$7.70	
49	\$3.76	\$6.32	\$8.58	\$3.37	\$5.69	\$7.93	
50	\$3.85	\$6.47	\$8.84	\$3.46	\$5.84	\$8.17	
51	\$3.95	\$6.64	\$9.08	\$3.54	\$5.99	\$8.40	
52	\$4.04	\$6.81	\$9.34	\$3.63	\$6.14	\$8.64	
53	\$4.16	\$7.01	\$9.60	\$3.74	\$6.32	\$8.88	
54	\$4.29	\$7.22	\$9.86	\$3.86	\$6.51	\$9.12	
55	\$4.44	\$7.44	\$10.14	\$3.99	\$6.70	\$9.38	
56	\$4.57	\$7.65	\$10.43	\$4.11	\$6.90	\$9.64	
57	\$4.69	\$7.89	\$10.74	\$4.23	\$7.10	\$9.92	
58	\$4.82	\$8.11	\$11.07	\$4.32	\$7.31	\$10.23	
59	\$4.91	\$8.33	\$11.40	\$4.41	\$7.50	\$10.54	
60	\$5.02	\$8.57	\$11.76	\$4.50	\$7.72	\$10.88	
61	\$5.14	\$8.83	\$12.16	\$4.63	\$7.96	\$11.25	
62	\$5.32	\$9.17	\$12.64	\$4.78	\$8.27	\$11.68	
63	\$5.54	\$9.59	\$13.17	\$5.00	\$8.64	\$12.18	
64	\$5.82	\$10.06	\$13.74	\$5.23	\$9.06	\$12.70	
65	\$6.14	\$10.57	\$14.37	\$5.51	\$9.52	\$13.30	
66	\$6.46	\$11.13	\$15.08	\$5.80	\$10.03	\$13.93	
67	\$6.79	\$11.71	\$15.84	\$6.10	\$10.56	\$14.64	
68	\$7.15	\$12.32	\$16.67	\$6.42	\$11.10	\$15.42	
69	\$7.52	\$12.96	\$17.57	\$6.75	\$11.67	\$16.25	
70	\$7.90	\$13.63	\$18.55	\$7.09	\$12.28	\$17.14	
71	\$8.31	\$14.35	\$19.58	\$7.46	\$12.94	\$18.10	
72	\$8.75	\$15.13	\$20.70	\$7.85	\$13.65	\$19.14	
73	\$9.25	\$16.10	\$22.04	\$8.31	\$14.51	\$20.39	
74	\$9.77	\$17.05	\$23.40	\$8.77	\$15.37	\$21.64	
75	\$10.28	\$18.01	\$24.74	\$9.24	\$16.22	\$22.90	
76	\$10.80	\$18.95	\$26.10	\$9.70	\$17.08	\$24.14	
77	\$11.29	\$19.92	\$27.45	\$10.16	\$17.96	\$25.38	
78	\$11.53	\$20.42	\$28.27	\$10.37	\$18.40	\$26.14	
79	\$11.76	\$20.94	\$29.09	\$10.56	\$18.86	\$26.91	
80	\$12.00	\$21.44	\$29.92	\$10.78	\$19.32	\$27.67	
81	\$12.22	\$21.94	\$30.74	\$10.99	\$19.78	\$28.42	
82	\$12.46	\$22.46	\$31.55	\$11.20	\$20.24	\$29.18	
83	\$12.69	\$22.97	\$32.38	\$11.40	\$20.70	\$29.94	
84	\$12.92	\$23.49	\$33.20	\$11.60	\$21.15	\$30.70	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

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### STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

#### BLOOMINGTON, ILLINOIS

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.86	\$1.39	\$1.82	\$0.77	\$1.25	\$1.68
30-34	\$1.13	\$1.84	\$2.40	\$1.02	\$1.66	\$2.23
35-39	\$1.46	\$2.38	\$3.10	\$1.32	\$2.14	\$2.87
40	\$1.65	\$2.69	\$3.50	\$1.49	\$2.42	\$3.25
41	\$1.73	\$2.81	\$3.67	\$1.56	\$2.53	\$3.40
42	\$1.80	\$2.93	\$3.82	\$1.62	\$2.64	\$3.55
43	\$1.91	\$3.10	\$4.05	\$1.72	\$2.79	\$3.74
44	\$2.01	\$3.27	\$4.27	\$1.81	\$2.94	\$3.95
45	\$2.12	\$3.44	\$4.49	\$1.91	\$3.10	\$4.15
46	\$2.22	\$3.61	\$4.71	\$2.00	\$3.25	\$4.36
47	\$2.36	\$3.84	\$5.01	\$2.13	\$3.46	\$4.64
48	\$2.48	\$4.02	\$5.26	\$2.23	\$3.62	\$4.86
49	\$2.60	\$4.20	\$5.50	\$2.35	\$3.79	\$5.09
50	\$2.72	\$4.39	\$5.74	\$2.45	\$3.95	\$5.32
51	\$2.84	\$4.58	\$6.00	\$2.56	\$4.12	\$5.55
52	\$2.96	\$4.75	\$6.24	\$2.67	\$4.29	\$5.77
53	\$3.10	\$4.98	\$6.57	\$2.79	\$4.49	\$6.08
54	\$3.25	\$5.22	\$6.93	\$2.92	\$4.70	\$6.41
55	\$3.40	\$5.49	\$7.32	\$3.06	\$4.94	\$6.77
56	\$3.58	\$5.79	\$7.76	\$3.22	\$5.21	\$7.17
57	\$3.80	\$6.14	\$8.24	\$3.41	\$5.54	\$7.62
58	\$4.05	\$6.53	\$8.75	\$3.64	\$5.89	\$8.10
59	\$4.33	\$6.97	\$9.29	\$3.89	\$6.28	\$8.59
60	\$4.63	\$7.44	\$9.89	\$4.16	\$6.71	\$9.14
61	\$4.98	\$7.99	\$10.56	\$4.46	\$7.19	\$9.77
62	\$5.36	\$8.59	\$11.36	\$4.81	\$7.75	\$10.50
63	\$5.73	\$9.22	\$12.21	\$5.15	\$8.31	\$11.29
64	\$6.11	\$9.86	\$13.11	\$5.49	\$8.89	\$12.13
65	\$6.55	\$10.58	\$14.13	\$5.89	\$9.54	\$13.06
66	\$7.08	\$11.49	\$15.36	\$6.37	\$10.36	\$14.20
67	\$7.80	\$12.64	\$16.88	\$7.01	\$11.39	\$15.61
68	\$8.66	\$13.99	\$18.66	\$7.78	\$12.61	\$17.26
69	\$9.63	\$15.52	\$20.62	\$8.66	\$13.98	\$19.07
70	\$10.75	\$17.26	\$22.85	\$9.66	\$15.55	\$21.14
71	\$12.00	\$19.26	\$25.43	\$10.79	\$17.36	\$23.51
72	\$13.43	\$21.59	\$28.40	\$12.08	\$19.45	\$26.25
73	\$15.36	\$24.83	\$32.50	\$13.80	\$22.38	\$30.05
74	\$16.96	\$27.58	\$35.93	\$15.25	\$24.85	\$33.23
75	\$18.67	\$30.48	\$39.59	\$16.78	\$27.47	\$36.60
76	\$20.73	\$33.95	\$43.98	\$18.63	\$30.59	\$40.67
77	\$22.61	\$37.13	\$48.00	\$20.32	\$33.46	\$44.39
78	\$25.48	\$41.85	\$54.10	\$22.90	\$37.71	\$50.03
79	\$28.35	\$46.57	\$60.21	\$25.50	\$41.97	\$55.67
80	\$31.23	\$51.29	\$66.31	\$28.07	\$46.22	\$61.31
81	\$34.11	\$56.02	\$72.41	\$30.66	\$50.48	\$66.97
82	\$36.98	\$60.73	\$78.52	\$33.24	\$54.73	\$72.60
83	\$39.85	\$65.46	\$84.62	\$35.82	\$58.99	\$78.24
84	\$42.74	\$70.17	\$90.72	\$38.42	\$63.24	\$83.89
٠.	Ψ.=	Ψ, σ,	470 <u>=</u>	4502	Ψου	Ψ05.07

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

Table A94 - Year 1 Page 4

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 D	ay Elimination P	eriod	90 I	Day Elimination P	eriod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.54	\$0.89	\$1.26	\$0.48	\$0.81	\$1.17
30-34	\$0.71	\$1.18	\$1.66	\$0.63	\$1.06	\$1.52
35-39	\$0.90	\$1.52	\$2.14	\$0.81	\$1.38	\$1.98
40	\$1.03	\$1.73	\$2.42	\$0.93	\$1.56	\$2.24
41	\$1.08	\$1.80	\$2.53	\$0.96	\$1.63	\$2.33
42	\$1.12	\$1.89	\$2.64	\$1.00	\$1.71	\$2.44
43	\$1.18	\$1.99	\$2.79	\$1.06	\$1.80	\$2.59
44	\$1.25	\$2.11	\$2.94	\$1.12	\$1.90	\$2.71
45	\$1.32	\$2.21	\$3.10	\$1.18	\$2.00	\$2.86
46	\$1.38	\$2.31	\$3.25	\$1.24	\$2.09	\$3.00
47	\$1.46	\$2.47	\$3.46	\$1.32	\$2.23	\$3.19
48	\$1.53	\$2.60	\$3.61	\$1.37	\$2.36	\$3.33
49	\$1.60	\$2.73	\$3.75	\$1.43	\$2.47	\$3.47
50	\$1.66	\$2.87	\$3.90	\$1.50	\$2.59	\$3.60
51	\$1.73	\$3.01	\$4.05	\$1.56	\$2.70	\$3.74
52	\$1.79	\$3.15	\$4.20	\$1.61	\$2.83	\$3.88
53	\$1.88	\$3.28	\$4.41	\$1.68	\$2.96	\$4.07
54	\$1.97	\$3.41	\$4.65	\$1.78	\$3.08	\$4.29
55	\$2.08	\$3.55	\$4.91	\$1.87	\$3.20	\$4.53
56	\$2.08	\$3.70	\$5.17	\$1.96	\$3.33	\$4.78
57	\$2.19	\$3.87	\$5.44	\$2.06	\$3.49	\$5.03
58	\$2.37	\$4.07	\$5.70	\$2.13	\$3.67	\$5.26
59	\$2.44	\$4.29	\$5.76 \$5.95	\$2.19	\$3.86	\$5.50
60	\$2.52	\$4.52	\$6.22	\$2.19	\$4.07	\$5.74
61	\$2.61	\$4.75	\$6.51	\$2.35	\$4.29	\$6.02
62	\$2.75	\$5.03	\$6.87	\$2.47	\$4.53	\$6.35
63	\$2.73	\$5.32	\$7.28	\$2.63	\$4.81	\$6.73
64	\$3.14	\$5.64	\$7.71	\$2.81	\$5.08	\$7.13
65	\$3.38	\$5.98	\$8.18	\$3.03	\$5.38	\$7.58
66	\$3.63	\$6.34	\$8.72	\$3.26	\$5.72	\$8.06
67	\$3.88	\$6.76	\$9.31	\$3.49	\$6.11	\$8.62
68	\$4.14	\$7.24	\$9.97	\$3.73	\$6.51	\$9.21
69	\$4.42	\$7.74	\$10.67	\$3.97	\$6.97	\$9.87
70	\$4.69	\$8.28	\$11.44	\$4.22	\$7.46	\$10.57
71	\$5.01	\$8.87	\$12.27	\$4.51	\$7.99	\$11.35
72	\$5.37	\$9.52	\$13.17	\$4.81	\$8.58	\$12.20
73	\$5.79	\$10.33	\$14.32	\$5.20	\$9.31	\$13.24
74	\$6.23	\$11.13	\$15.45	\$5.60	\$10.04	\$14.29
75	\$6.67	\$11.96	\$16.58	\$6.00	\$10.77	\$15.35
76	\$7.12	\$12.76	\$17.72	\$6.40	\$11.50	\$16.40
77	\$7.54	\$13.57	\$18.86	\$6.79	\$12.23	\$17.43
78	\$7.85	\$14.19	\$19.81	\$7.06	\$12.79	\$18.32
79	\$8.16	\$14.82	\$20.75	\$7.32	\$13.35	\$19.20
80	\$8.47	\$15.44	\$21.70	\$7.60	\$13.91	\$20.07
81	\$8.77	\$16.07	\$22.65	\$7.88	\$14.48	\$20.94
82	\$9.07	\$16.69	\$23.58	\$8.16	\$14.46 \$15.04	\$20.94
83	\$9.37	\$17.32	\$23.58 \$24.54	\$8.43	\$15.61	\$22.69
84	\$9.67	\$17.94	\$25.48	\$8.70	\$15.01 \$16.17	\$23.57
0-7	Ψ2.07	Ψ11.24	Ψ22.40	φο.70	ψ10.17	<i>Ι С. СΔ</i> Ψ

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

Table A94 - Year 1 Page 5

### STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

#### BLOOMINGTON, ILLINOIS

PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 D	ay Elimination P	eriod	90 Day Elimination Period		eriod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.11	\$1.84	\$2.48	\$0.99	\$1.66	\$2.30
30-34	\$1.45	\$2.43	\$3.27	\$1.29	\$2.19	\$3.03
35-39	\$1.89	\$3.16	\$4.26	\$1.68	\$2.84	\$3.94
40	\$2.13	\$3.55	\$4.81	\$1.91	\$3.20	\$4.44
41	\$2.22	\$3.71	\$5.01	\$1.99	\$3.34	\$4.63
42	\$2.32	\$3.89	\$5.25	\$2.08	\$3.50	\$4.85
43	\$2.46	\$4.11	\$5.55	\$2.20	\$3.70	\$5.13
44	\$2.59	\$4.34	\$5.85	\$2.32	\$3.90	\$5.41
45	\$2.72	\$4.55	\$6.16	\$2.44	\$4.11	\$5.68
46	\$2.86	\$4.79	\$6.47	\$2.56	\$4.31	\$5.97
47	\$3.04	\$5.09	\$6.87	\$2.72	\$4.58	\$6.34
48	\$3.11	\$5.23	\$7.08	\$2.80	\$4.70	\$6.55
49	\$3.20	\$5.37	\$7.30	\$2.87	\$4.84	\$6.74
50	\$3.27	\$5.50	\$7.52	\$2.94	\$4.97	\$6.95
51	\$3.36	\$5.65	\$7.72	\$3.01	\$5.09	\$7.14
52	\$3.44	\$5.79	\$7.94	\$3.09	\$5.22	\$7.35
53	\$3.54	\$5.96	\$8.16	\$3.18	\$5.37	\$7.55
54	\$3.65	\$6.14	\$8.39	\$3.28	\$5.54	\$7.76
55	\$3.78	\$6.33	\$8.62	\$3.39	\$5.70	\$7.98
56	\$3.89	\$6.51	\$8.87	\$3.50	\$5.87	\$8.20
57	\$3.99	\$6.71	\$9.13	\$3.60	\$6.04	\$8.44
58	\$4.10	\$6.90	\$9.41	\$3.67	\$6.22	\$8.70
59	\$4.18	\$7.08	\$9.70	\$3.75	\$6.38	\$8.96
60	\$4.27	\$7.29	\$10.00	\$3.83	\$6.57	\$9.25
61	\$4.37	\$7.51	\$10.34	\$3.94	\$6.77	\$9.57
62	\$4.52	\$7.80	\$10.75	\$4.07	\$7.03	\$9.93
63	\$4.71	\$8.16	\$11.20	\$4.25	\$7.35	\$10.36
64	\$4.95	\$8.56	\$11.69	\$4.45	\$7.71	\$10.80
65	\$5.22	\$8.99	\$12.22	\$4.69	\$8.10	\$11.31
66	\$5.49	\$9.47	\$12.83	\$4.93	\$8.53	\$11.85
67	\$5.77	\$9.96	\$13.47	\$5.19	\$8.98	\$12.45
68	\$6.08	\$10.48	\$14.18	\$5.46	\$9.44	\$13.11
69	\$6.40	\$11.02	\$14.94	\$5.74	\$9.92	\$13.82
70	\$6.72	\$11.59	\$15.78	\$6.03	\$10.44	\$14.58
71	\$7.07	\$12.20	\$16.65	\$6.34	\$11.01	\$15.39
72	\$7.44	\$12.87	\$17.60	\$6.68	\$11.61	\$16.28
73	\$7.87	\$13.69	\$18.74	\$7.07	\$12.34	\$17.34
74	\$8.31	\$14.50	\$19.90	\$7.46	\$13.07	\$18.40
75	\$8.74	\$15.32	\$21.04	\$7.86	\$13.79	\$19.48
76	\$9.19	\$16.12	\$22.20	\$8.25	\$14.53	\$20.53
77	\$9.60	\$16.94	\$23.35	\$8.64	\$15.27	\$21.58
78	\$9.81	\$17.37	\$24.04	\$8.82	\$15.65	\$22.23
79	\$10.00	\$17.81	\$24.74	\$8.98	\$16.04	\$22.89
80	\$10.21	\$18.23	\$25.45	\$9.17	\$16.43	\$23.53
81	\$10.39	\$18.66	\$26.14	\$9.35	\$16.82	\$24.17
82	\$10.60	\$19.10	\$26.83	\$9.53	\$17.21	\$24.82
83	\$10.79	\$19.54	\$27.54	\$9.70	\$17.60	\$25.46
84	\$10.99	\$19.98	\$28.24	\$9.87	\$17.99	\$26.11

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30.1	Day Elimination Pe	riod	g	0 Day Elimination	Period
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period					
18-29	\$1.13	\$1.84	\$2.40	\$1.02	\$1.65	\$2.21
30-34	\$1.49	\$2.42	\$3.16	\$1.34	\$2.18	\$2.93
35-39	\$1.93	\$3.14	\$4.09	\$1.74	\$2.82	\$3.79
40	\$2.17	\$3.54	\$4.61	\$1.96	\$3.19	\$4.28
41	\$2.29	\$3.70	\$4.83	\$2.05	\$3.34	\$4.48
42	\$2.37	\$3.85	\$5.03	\$2.13	\$3.47	\$4.67
43	\$2.51	\$4.08	\$5.33	\$2.26	\$3.67	\$4.93
44	\$2.64	\$4.30	\$5.62	\$2.39	\$3.88	\$5.21
45	\$2.79	\$4.53	\$5.91	\$2.51	\$4.08	\$5.47
46	\$2.92	\$4.76	\$6.21	\$2.63	\$4.28	\$5.75
47	\$3.11	\$5.05	\$6.60	\$2.80	\$4.56	\$6.12
48	\$3.27	\$5.30	\$6.92	\$2.93	\$4.77	\$6.41
49	\$3.43	\$5.53	\$7.25	\$3.09	\$5.00	\$6.71
50	\$3.58	\$5.78	\$7.56	\$3.23	\$5.21	\$7.00
51	\$3.74	\$6.03	\$7.90	\$3.37	\$5.43	\$7.30
52	\$3.90	\$6.26	\$8.22	\$3.52	\$5.65	\$7.61
53	\$4.09	\$6.56	\$8.66	\$3.67	\$5.91	\$8.01
54	\$4.28	\$6.88	\$9.13	\$3.84	\$6.19	\$8.45
55	\$4.48	\$7.22	\$9.64	\$4.03	\$6.51	\$8.92
56	\$4.72	\$7.63	\$10.22	\$4.25	\$6.87	\$9.44
57	\$5.01	\$8.09	\$10.85	\$4.49	\$7.29	\$10.04
58	\$5.33	\$8.60	\$11.53	\$4.79	\$7.75	\$10.66
59	\$5.70	\$9.17	\$12.23	\$5.12	\$8.27	\$11.31
60	\$6.09	\$9.80	\$13.03	\$5.48	\$8.84	\$12.04
61	\$6.55	\$10.52	\$13.91	\$5.88	\$9.48	\$12.87
62	\$7.06	\$11.31	\$14.96	\$6.34	\$10.20	\$13.83
63	\$7.55	\$12.14	\$16.09	\$6.79	\$10.94	\$14.88
64	\$8.05	\$12.98	\$17.26	\$7.24	\$11.71	\$15.97
65	\$8.62	\$13.93	\$18.61	\$7.75	\$12.57	\$17.21
66	\$9.33	\$15.13	\$20.23	\$8.39	\$13.64	\$18.71
67	\$10.27	\$16.65	\$22.23	\$9.23	\$15.00	\$20.57
68	\$11.40	\$18.43	\$24.58	\$10.25	\$16.61	\$22.73
69	\$12.68	\$20.44	\$27.16	\$11.40	\$18.41	\$25.11
70	\$14.16	\$22.73	\$30.10	\$12.72	\$20.48	\$27.85
71	\$15.80	\$25.37	\$33.49	\$14.21	\$22.86	\$30.96
72 73	\$17.06	\$27.43	\$36.07	\$15.34	\$24.71	\$33.35
73 74	\$18.38	\$29.72 \$32.43	\$38.89	\$16.52	\$26.78 \$29.22	\$35.96 \$39.07
74 75	\$19.94 \$21.95	\$32.43 \$35.84	\$42.25 \$46.55	\$17.93 \$19.73	\$29.22 \$32.30	\$39.07 \$43.04
75 76	\$21.93 \$24.37	\$33.84 \$39.92	\$40.33 \$51.71	\$19.73 \$21.90	\$32.30 \$35.97	\$43.04 \$47.82
77	\$24.57 \$26.59	\$43.66	\$51.71 \$56.44	\$23.89	\$39.34	\$52.20
78	\$29.96	\$49.21	\$63.61	\$26.93	\$44.34	\$52.20 \$58.83
78 79	\$33.34	\$54.76	\$70.80	\$20.93 \$29.98	\$49.35	\$65.46
80	\$36.72	\$60.31	\$77.97	\$33.01	\$54.35	\$72.09
81	\$40.11	\$65.87	\$85.14	\$36.05	\$54.35 \$59.35	\$72.09 \$78.74
82	\$43.48	\$03.87 \$71.41	\$92.32	\$39.08	\$64.35	\$85.37
83	\$46.86	\$76.97	\$99.50	\$42.12	\$69.36	\$92.00
84	\$50.25	\$82.51	\$106.67	\$45.17	\$74.36	\$98.64
0-1	Ψ30.23	Ψ02.31	Ψ100.07	Ψτ3.17	Ψ/4.50	Ψ20.04

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

30 Day Elimination Period			ç	90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.71	\$1.18	\$1.66	\$0.63	\$1.06	\$1.53
30-34	\$0.93	\$1.56	\$2.18	\$0.83	\$1.40	\$2.01
35-39	\$1.19	\$2.01	\$2.82	\$1.06	\$1.81	\$2.61
40	\$1.36	\$2.27	\$3.19	\$1.22	\$2.06	\$2.95
41	\$1.42	\$2.37	\$3.33	\$1.27	\$2.15	\$3.07
42	\$1.48	\$2.49	\$3.47	\$1.32	\$2.25	\$3.21
43	\$1.56	\$2.62	\$3.67	\$1.40	\$2.37	\$3.41
44	\$1.65	\$2.78	\$3.88	\$1.48	\$2.50	\$3.57
45	\$1.74	\$2.91	\$4.08	\$1.56	\$2.63	\$3.76
46	\$1.81	\$3.05	\$4.28	\$1.64	\$2.76	\$3.95
47	\$1.93	\$3.25	\$4.56	\$1.74	\$2.93	\$4.20
48	\$2.02	\$3.43	\$4.76	\$1.80	\$3.10	\$4.38
49	\$2.11	\$3.60	\$4.94	\$1.88	\$3.25	\$4.57
50	\$2.18	\$3.79	\$5.14	\$1.97	\$3.42	\$4.74
51	\$2.27	\$3.97	\$5.33	\$2.05	\$3.56	\$4.93
52	\$2.36	\$4.14	\$5.53	\$2.12	\$3.73	\$5.11
53	\$2.48	\$4.32	\$5.81	\$2.22	\$3.90	\$5.37
54	\$2.60	\$4.49	\$6.13	\$2.34	\$4.05	\$5.66
55	\$2.74	\$4.67	\$6.46	\$2.46	\$4.21	\$5.97
56	\$2.89	\$4.87	\$6.81	\$2.59	\$4.39	\$6.30
57	\$3.01	\$5.10	\$7.17	\$2.71	\$4.59	\$6.62
58	\$3.13	\$5.35	\$7.50	\$2.81	\$4.83	\$6.93
59	\$3.21	\$5.65	\$7.84	\$2.89	\$5.09	\$7.25
60	\$3.32	\$5.95	\$8.19	\$2.97	\$5.35	\$7.56
61	\$3.44	\$6.26	\$8.58	\$3.09	\$5.65	\$7.93
62	\$3.62	\$6.62	\$9.05	\$3.25	\$5.97	\$8.37
63	\$3.84	\$7.01	\$9.59	\$3.46	\$6.33	\$8.86
64	\$4.13	\$7.43	\$10.15	\$3.70	\$6.69	\$9.39
65	\$4.45	\$7.87	\$10.78	\$3.99	\$7.09	\$9.98
66	\$4.78	\$8.36	\$11.48	\$4.29	\$7.53	\$10.62
67	\$5.11	\$8.91	\$12.27	\$4.59	\$8.04	\$11.35
68	\$5.46	\$9.53	\$13.13	\$4.91	\$8.58	\$12.13
69	\$5.82	\$10.19	\$14.06	\$5.23	\$9.17	\$12.99
70	\$6.18	\$10.90	\$15.07	\$5.56	\$9.82	\$13.92
71	\$6.60	\$11.68	\$16.16	\$5.94	\$10.53	\$14.94
72	\$7.07	\$12.53	\$17.35	\$6.34	\$11.30	\$16.06
73	\$7.63	\$13.61	\$18.86	\$6.86	\$12.27	\$17.44
74	\$8.21	\$14.66	\$20.35	\$7.38	\$13.23	\$18.82
75	\$8.78	\$15.75	\$21.84	\$7.91	\$14.18	\$20.22
76	\$9.38	\$16.80	\$23.33	\$8.42	\$15.14	\$21.60
77	\$9.94	\$17.88	\$24.84	\$8.94	\$16.11	\$22.96
78	\$10.34	\$18.69	\$26.09	\$9.30	\$16.85	\$24.13
79	\$10.74	\$19.52	\$27.33	\$9.64	\$17.59	\$25.28
80	\$11.16	\$20.34	\$28.59	\$10.01	\$18.31	\$26.43
81	\$11.55	\$21.16	\$29.83	\$10.37	\$19.08	\$27.58
82	\$11.94	\$21.10	\$31.06	\$10.74	\$19.82	\$28.73
83	\$12.34	\$22.81	\$32.32	\$11.10	\$20.55	\$29.88
84	\$12.74	\$23.63	\$33.56	\$11.46	\$21.29	\$31.04
٠.	Ψ.Ξ., .	Ψ=0.00	400.00	4.10	Ψ=1.=/	-D1.0.

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

Syear   Syear   Syear   Lifetime   2 Year   Benefit Period   S2.88   S3.99   S3.34   S1.90   S3.20   S4.431   S1.70   S2.88   S3.99   S3.539   S2.49   S4.16   S5.61   S2.22   S3.74   S5.19   S4.21   S5.85   S4.14   S2.92   S4.88   S6.60   S2.62   S4.40   S6.09   S4.87   S6.75   S4.21   S3.06   S5.12   S6.91   S2.74   S4.61   S6.38   S4.33   S3.24   S5.41   S7.30   S2.90   S4.87   S6.75   S4.44   S3.36   S5.14   S7.30   S2.90   S4.87   S6.75   S5.14   S7.48   S3.58   S5.99   S8.11   S3.21   S5.41   S7.48   S6.60   S6.51   S3.58   S5.99   S8.11   S3.21   S5.41   S7.48   S6.60   S6.51   S3.76   S6.51   S7.71   S3.06   S5.14   S7.48   S6.60   S6.51   S3.76   S6.51   S7.71   S5.66   S7.86   S9.33   S6.04   S8.36   S6.31   S7.25   S9.90   S3.88   S6.54   S9.15   S6.71   S7.71   S6.37   S8.88   S6.54   S9.15   S6.71   S7.71   S6.77   S6.77   S6.87   S8.87   S6.71   S7.71   S6.77   S7.78		30 Day Elimination Period			g	90 Day Elimination Period			
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30-34	_								
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41         \$2.92         \$4.88         \$5.60         \$2.62         \$4.40         \$6.09           42         \$3.06         \$5.12         \$6.91         \$2.74         \$4.61         \$6.38           43         \$3.24         \$5.71         \$7.71         \$3.06         \$5.14         \$7.12           44         \$3.42         \$5.71         \$7.71         \$3.06         \$5.14         \$7.12           45         \$3.58         \$5.99         \$8.11         \$3.21         \$5.41         \$7.48           46         \$3.76         \$6.31         \$8.52         \$3.37         \$5.68         \$7.86           47         \$4.00         \$6.70         \$9.05         \$3.58         \$6.04         \$8.36           48         \$4.10         \$6.89         \$9.33         \$3.69         \$6.37         \$8.88           50         \$4.31         \$7.25         \$9.90         \$3.88         \$6.54         \$9.15           51         \$4.42         \$7.44         \$10.17         \$3.97         \$6.71         \$9.41           \$52         \$4.53         \$7.63         \$10.46         \$4.07         \$6.88         \$9.68           \$3         \$4.66         \$7.85         \$10.75<									
42         \$3.06         \$5.12         \$6.91         \$2.74         \$4.61         \$6.38           43         \$3.24         \$5.71         \$7.71         \$3.06         \$5.14         \$7.12           44         \$3.42         \$5.71         \$7.71         \$3.06         \$5.14         \$7.48           45         \$3.58         \$5.99         \$8.11         \$3.21         \$5.41         \$7.48           46         \$3.76         \$6.31         \$8.52         \$3.37         \$5.68         \$7.86           47         \$4.00         \$6.70         \$9.05         \$3.58         \$6.04         \$8.36           48         \$4.10         \$6.89         \$9.33         \$3.69         \$6.19         \$8.62           49         \$4.21         \$7.08         \$9.61         \$3.77         \$6.37         \$8.88           50         \$4.31         \$7.25         \$9.90         \$3.88         \$6.54         \$9.15           51         \$4.42         \$7.44         \$10.17         \$3.37         \$6.71         \$9.91           \$5         \$4.53         \$7.44         \$10.17         \$3.77         \$6.78         \$9.95           \$4         \$4.81         \$8.90         \$11.04 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
43         \$3.24         \$5.71         \$7.71         \$3.06         \$5.14         \$7.12           44         \$3.42         \$5.71         \$7.71         \$3.06         \$5.14         \$7.48           45         \$3.376         \$6.31         \$8.52         \$3.37         \$5.68         \$7.86           47         \$4.00         \$6.70         \$9.05         \$3.58         \$6.04         \$8.36           48         \$4.10         \$6.89         \$9.33         \$3.569         \$6.19         \$8.62           49         \$4.21         \$7.08         \$9.61         \$3.77         \$6.37         \$8.88           50         \$4.31         \$7.25         \$9.90         \$3.88         \$6.54         \$9.15           51         \$4.42         \$7.44         \$10.17         \$3.97         \$6.71         \$9.41           \$52         \$4.53         \$7.63         \$1.106         \$4.07         \$6.88         \$9.65           \$3         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.95           \$4         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           \$5         \$4.97         \$8.33         \$1									
44         \$3.42         \$5.71         \$7.71         \$3.06         \$5.14         \$7.12           45         \$3.38         \$5.99         \$8.11         \$3.21         \$5.41         \$7.86           46         \$3.76         \$6.31         \$8.52         \$3.37         \$5.68         \$7.86           47         \$4.00         \$6.70         \$9.05         \$3.58         \$6.04         \$8.36           48         \$4.10         \$6.89         \$9.33         \$3.69         \$6.19         \$8.62           49         \$4.21         \$7.08         \$9.61         \$3.77         \$6.37         \$8.88           50         \$4.31         \$7.25         \$9.90         \$3.88         \$6.54         \$9.15           51         \$4.42         \$7.44         \$10.17         \$3.97         \$6.71         \$9.41           \$2         \$4.53         \$7.63         \$10.46         \$4.07         \$6.88         \$9.68           \$33         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.68           \$4         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           \$5         \$4.97         \$8.33         \$11.	43								
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48         \$4.10         \$6.89         \$9.33         \$3.69         \$6.19         \$8.62           49         \$4.21         \$7.08         \$9.61         \$3.77         \$6.37         \$8.88           50         \$4.31         \$7.25         \$9.90         \$3.88         \$6.54         \$9.15           51         \$4.42         \$7.44         \$10.17         \$3.97         \$6.71         \$9.41           52         \$4.53         \$7.63         \$10.46         \$4.07         \$6.88         \$9.68           53         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.95           54         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           55         \$4.97         \$8.33         \$11.36         \$4.47         \$7.50         \$10.51           56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.55         \$9.33         <									
49         \$4.21         \$7.08         \$9.61         \$3.77         \$6.37         \$8.88           50         \$4.31         \$7.25         \$9.90         \$3.88         \$6.54         \$9.15           51         \$4.42         \$7.44         \$10.17         \$3.97         \$6.71         \$9.41           52         \$4.53         \$7.63         \$10.46         \$4.07         \$6.88         \$9.68           53         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.99           54         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           55         \$4.97         \$8.33         \$11.66         \$4.47         \$7.50         \$10.51           56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60	48	\$4.10	\$6.89	\$9.33		\$6.19			
50         \$4.31         \$7.25         \$9.90         \$3.88         \$6.54         \$9.15           51         \$4.42         \$7.44         \$10.17         \$3.97         \$6.71         \$9.41           52         \$4.53         \$7.63         \$10.46         \$4.07         \$6.88         \$9.68           53         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.95           54         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           55         \$4.97         \$8.33         \$11.36         \$4.47         \$7.50         \$10.51           56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89	49								
51         \$4.42         \$7.44         \$10.17         \$3.97         \$6.71         \$9.41           52         \$4.53         \$7.63         \$10.46         \$4.07         \$6.88         \$9.68           53         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.95           54         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           55         \$4.97         \$8.33         \$11.36         \$4.47         \$7.50         \$10.51           56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27									
52         \$4.53         \$7.63         \$10.46         \$4.07         \$6.88         \$9.68           53         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.95           54         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           55         \$4.97         \$8.33         \$11.36         \$4.47         \$7.50         \$10.51           56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74									
53         \$4.66         \$7.85         \$10.75         \$4.19         \$7.08         \$9.95           54         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           55         \$4.97         \$8.33         \$11.36         \$4.47         \$7.50         \$10.51           56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$55.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.06           64         \$6.52         \$11.27 <td>52</td> <td></td> <td>\$7.63</td> <td></td> <td></td> <td></td> <td></td>	52		\$7.63						
54         \$4.81         \$8.09         \$11.04         \$4.32         \$7.29         \$10.22           55         \$4.97         \$8.33         \$11.36         \$4.47         \$7.50         \$10.51           56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.50         \$9.33         \$12.77         \$4.94         \$8.65         \$12.19           61         \$5.76         \$9.96         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13									
56         \$5.12         \$8.57         \$11.68         \$4.60         \$7.73         \$10.80           57         \$5.25         \$8.84         \$12.03         \$4.74         \$7.95         \$11.11           58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13	55	\$4.97		\$11.36					
58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42 <td< td=""><td></td><td></td><td></td><td>\$11.68</td><td></td><td></td><td></td></td<>				\$11.68					
58         \$5.40         \$9.08         \$12.40         \$4.84         \$8.19         \$11.46           59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42 <td< td=""><td>57</td><td>\$5.25</td><td>\$8.84</td><td>\$12.03</td><td>\$4.74</td><td>\$7.95</td><td>\$11.11</td></td<>	57	\$5.25	\$8.84	\$12.03	\$4.74	\$7.95	\$11.11		
59         \$5.50         \$9.33         \$12.77         \$4.94         \$8.40         \$11.81           60         \$5.62         \$9.60         \$13.17         \$5.04         \$8.65         \$12.19           61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         <	58								
61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80									
61         \$5.76         \$9.89         \$13.62         \$5.19         \$8.92         \$12.60           62         \$5.96         \$10.27         \$14.16         \$5.35         \$9.26         \$13.08           63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80	60								
63         \$6.21         \$10.74         \$14.75         \$5.60         \$9.68         \$13.64           64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94	61		\$9.89						
64         \$6.52         \$11.27         \$15.39         \$5.86         \$10.15         \$14.23           65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
65         \$6.88         \$11.84         \$16.10         \$6.17         \$10.66         \$14.90           66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10 </td <td>63</td> <td>\$6.21</td> <td>\$10.74</td> <td>\$14.75</td> <td>\$5.60</td> <td>\$9.68</td> <td>\$13.64</td>	63	\$6.21	\$10.74	\$14.75	\$5.60	\$9.68	\$13.64		
66         \$7.24         \$12.47         \$16.89         \$6.50         \$11.23         \$15.60           67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65	64	\$6.52	\$11.27	\$15.39	\$5.86	\$10.15	\$14.23		
67         \$7.61         \$13.12         \$17.74         \$6.83         \$11.83         \$16.40           68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.	65	\$6.88	\$11.84	\$16.10	\$6.17	\$10.66	\$14.90		
68         \$8.01         \$13.80         \$18.67         \$7.19         \$12.43         \$17.27           69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$1	66	\$7.24	\$12.47	\$16.89	\$6.50	\$11.23	\$15.60		
69         \$8.42         \$14.52         \$19.68         \$7.56         \$13.07         \$18.20           70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80	67	\$7.61	\$13.12	\$17.74	\$6.83	\$11.83	\$16.40		
70         \$8.85         \$15.27         \$20.78         \$7.94         \$13.76         \$19.20           71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81 <t< td=""><td>68</td><td>\$8.01</td><td>\$13.80</td><td>\$18.67</td><td>\$7.19</td><td>\$12.43</td><td>\$17.27</td></t<>	68	\$8.01	\$13.80	\$18.67	\$7.19	\$12.43	\$17.27		
71         \$9.31         \$16.07         \$21.93         \$8.36         \$14.49         \$20.27           72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82	69	\$8.42	\$14.52	\$19.68	\$7.56	\$13.07	\$18.20		
72         \$9.80         \$16.95         \$23.19         \$8.79         \$15.29         \$21.44           73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83	70	\$8.85	\$15.27	\$20.78	\$7.94	\$13.76	\$19.20		
73         \$10.36         \$18.03         \$24.69         \$9.31         \$16.25         \$22.84           74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83         \$14.21         \$25.73         \$36.27         \$12.77         \$23.19         \$33.54	71	\$9.31	\$16.07	\$21.93	\$8.36	\$14.49	\$20.27		
74         \$10.94         \$19.10         \$26.21         \$9.82         \$17.22         \$24.24           75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83         \$14.21         \$25.73         \$36.27         \$12.77         \$23.19         \$33.54	72	\$9.80	\$16.95	\$23.19	\$8.79	\$15.29	\$21.44		
75         \$11.51         \$20.17         \$27.71         \$10.35         \$18.17         \$25.65           76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83         \$14.21         \$25.73         \$36.27         \$12.77         \$23.19         \$33.54	73	\$10.36	\$18.03	\$24.69	\$9.31	\$16.25	\$22.84		
76         \$12.10         \$21.23         \$29.24         \$10.87         \$19.13         \$27.04           77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83         \$14.21         \$25.73         \$36.27         \$12.77         \$23.19         \$33.54	74	\$10.94	\$19.10	\$26.21	\$9.82	\$17.22	\$24.24		
77         \$12.65         \$22.31         \$30.75         \$11.38         \$20.12         \$28.43           78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83         \$14.21         \$25.73         \$36.27         \$12.77         \$23.19         \$33.54	75	\$11.51	\$20.17	\$27.71	\$10.35	\$18.17	\$25.65		
78         \$12.92         \$22.87         \$31.67         \$11.62         \$20.61         \$29.28           79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83         \$14.21         \$25.73         \$36.27         \$12.77         \$23.19         \$33.54	76	\$12.10	\$21.23	\$29.24	\$10.87	\$19.13	\$27.04		
79         \$13.17         \$23.46         \$32.58         \$11.83         \$21.13         \$30.14           80         \$13.44         \$24.02         \$33.51         \$12.07         \$21.64         \$30.99           81         \$13.69         \$24.58         \$34.43         \$12.31         \$22.16         \$31.83           82         \$13.96         \$25.16         \$35.34         \$12.55         \$22.67         \$32.69           83         \$14.21         \$25.73         \$36.27         \$12.77         \$23.19         \$33.54	77	\$12.65	\$22.31	\$30.75	\$11.38	\$20.12	\$28.43		
80     \$13.44     \$24.02     \$33.51     \$12.07     \$21.64     \$30.99       81     \$13.69     \$24.58     \$34.43     \$12.31     \$22.16     \$31.83       82     \$13.96     \$25.16     \$35.34     \$12.55     \$22.67     \$32.69       83     \$14.21     \$25.73     \$36.27     \$12.77     \$23.19     \$33.54		\$12.92	\$22.87	\$31.67	\$11.62	\$20.61	\$29.28		
81     \$13.69     \$24.58     \$34.43     \$12.31     \$22.16     \$31.83       82     \$13.96     \$25.16     \$35.34     \$12.55     \$22.67     \$32.69       83     \$14.21     \$25.73     \$36.27     \$12.77     \$23.19     \$33.54		\$13.17	\$23.46		\$11.83	\$21.13			
82     \$13.96     \$25.16     \$35.34     \$12.55     \$22.67     \$32.69       83     \$14.21     \$25.73     \$36.27     \$12.77     \$23.19     \$33.54	80	\$13.44	\$24.02	\$33.51	\$12.07	\$21.64	\$30.99		
83 \$14.21 \$25.73 \$36.27 \$12.77 \$23.19 \$33.54					\$12.31	\$22.16			
		\$13.96	\$25.16	\$35.34	\$12.55	\$22.67	\$32.69		
84 \$14.47 \$26.31 \$37.19 \$12.99 \$23.69 \$34.39		\$14.21	\$25.73						
	84	\$14.47	\$26.31	\$37.19	\$12.99	\$23.69	\$34.39		

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.96	\$1.56	\$2.04	\$0.87	\$1.40	\$1.88
30-34	\$1.27	\$2.06	\$2.69	\$1.14	\$1.85	\$2.49
35-39	\$1.64	\$2.67	\$3.48	\$1.48	\$2.40	\$3.22
40	\$1.85	\$3.01	\$3.92	\$1.67	\$2.71	\$3.64
41	\$1.95	\$3.15	\$4.11	\$1.74	\$2.84	\$3.81
42	\$2.02	\$3.27	\$4.28	\$1.81	\$2.95	\$3.97
43	\$2.13	\$3.47	\$4.53	\$1.92	\$3.12	\$4.19
44	\$2.25	\$3.66	\$4.78	\$2.03	\$3.30	\$4.43
45	\$2.37	\$3.85	\$5.03	\$2.13	\$3.47	\$4.65
46	\$2.48	\$4.05	\$5.28	\$2.24	\$3.64	\$4.89
47	\$2.64	\$4.29	\$5.61	\$2.38	\$3.88	\$5.20
48	\$2.78	\$4.51	\$5.89	\$2.49	\$4.06	\$5.45
49	\$2.92	\$4.70	\$6.17	\$2.63	\$4.25	\$5.71
50	\$3.04	\$4.92	\$6.43	\$2.75	\$4.43	\$5.95
51	\$3.18	\$5.13	\$6.72	\$2.87	\$4.62	\$6.21
52	\$3.32	\$5.32	\$6.99	\$2.99	\$4.81	\$6.47
53	\$3.48	\$5.58	\$7.37	\$3.12	\$5.03	\$6.81
54	\$3.64	\$5.85	\$7.76	\$3.27	\$5.26	\$7.19
55	\$3.81	\$6.14	\$8.20	\$3.43	\$5.54	\$7.59
56	\$4.01	\$6.49	\$8.69	\$3.61	\$5.84	\$8.03
57	\$4.26	\$6.88	\$9.23	\$3.82	\$6.20	\$8.54
58	\$4.53	\$7.31	\$9.81	\$4.07	\$6.59	\$9.07
59	\$4.85	\$7.80	\$10.40	\$4.35	\$7.03	\$9.62
60	\$5.18	\$8.33	\$11.08	\$4.66	\$7.52	\$10.24
61	\$5.57	\$8.95	\$11.83	\$5.00	\$8.06	\$10.95
62	\$6.00	\$9.62	\$12.72	\$5.39	\$8.67	\$11.76
63	\$6.42	\$10.32	\$13.68	\$5.77	\$9.30	\$12.65
64	\$6.85	\$11.04	\$14.68	\$6.16	\$9.96	\$13.58
65	\$7.33	\$11.85	\$15.83	\$6.59	\$10.69	\$14.64
66	\$7.93	\$12.87	\$17.20	\$7.14	\$11.60	\$15.91
67	\$8.73	\$14.16	\$18.91	\$7.85	\$12.76	\$17.49
68	\$9.70	\$15.67	\$20.90	\$8.72	\$14.13	\$19.33
69	\$10.78	\$17.38	\$23.10	\$9.70	\$15.66	\$21.36
70	\$12.04	\$19.33	\$25.60	\$10.82	\$17.42	\$23.69
71	\$13.44	\$21.58	\$28.48	\$12.09	\$19.44	\$26.33
72	\$14.51	\$23.33	\$30.68	\$13.05	\$21.02	\$28.36
73	\$15.63	\$25.28	\$33.07	\$14.05	\$22.78	\$30.58
74	\$16.96	\$27.58	\$35.93	\$15.25	\$24.85	\$33.23
75	\$18.67	\$30.48	\$39.59	\$16.78	\$27.47	\$36.60
76	\$20.73	\$33.95	\$43.98	\$18.63	\$30.59	\$40.67
77	\$22.61	\$37.13	\$48.00	\$20.32	\$33.46	\$44.39
78	\$25.48	\$41.85	\$54.10	\$22.90	\$37.71	\$50.03
79	\$28.35	\$46.57	\$60.21	\$25.50	\$41.97	\$55.67
80	\$31.23	\$51.29	\$66.31	\$28.07	\$46.22	\$61.31
81	\$34.11	\$56.02	\$72.41	\$30.66	\$50.48	\$66.97
82	\$36.98	\$60.73	\$78.52	\$33.24	\$54.73	\$72.60
83	\$39.85	\$65.46	\$84.62	\$35.82	\$58.99	\$78.24
84	\$42.74	\$70.17	\$90.72	\$38.42	\$63.24	\$83.89
			•			

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 D	ay Elimination P	eriod	90 D	ay Elimination P	eriod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.60	\$1.00	\$1.41	\$0.54	\$0.90	\$1.30
30-34	\$0.79	\$1.33	\$1.85	\$0.71	\$1.19	\$1.71
35-39	\$1.01	\$1.71	\$2.40	\$0.90	\$1.54	\$2.22
40	\$1.16	\$1.93	\$2.71	\$1.04	\$1.75	\$2.51
41	\$1.21	\$2.02	\$2.83	\$1.08	\$1.83	\$2.61
42	\$1.26	\$2.12	\$2.95	\$1.12	\$1.91	\$2.73
43	\$1.33	\$2.23	\$3.12	\$1.19	\$2.02	\$2.90
44	\$1.40	\$2.36	\$3.30	\$1.26	\$2.13	\$3.04
45	\$1.48	\$2.47	\$3.47	\$1.33	\$2.24	\$3.20
46	\$1.54	\$2.59	\$3.64	\$1.39	\$2.35	\$3.36
47	\$1.64	\$2.76	\$3.88	\$1.48	\$2.49	\$3.57
48	\$1.72	\$2.92	\$4.05	\$1.53	\$2.64	\$3.73
49	\$1.79	\$3.06	\$4.20	\$1.60	\$2.76	\$3.89
50	\$1.85	\$3.22	\$4.37	\$1.68	\$2.91	\$4.03
51	\$1.93	\$3.38	\$4.53	\$1.74	\$3.03	\$4.19
52	\$2.01	\$3.52	\$4.70	\$1.80	\$3.17	\$4.35
53	\$2.11	\$3.67	\$4.94	\$1.89	\$3.32	\$4.57
54	\$2.21	\$3.82	\$5.21	\$1.99	\$3.44	\$4.81
55	\$2.33	\$3.97	\$5.49	\$2.09	\$3.58	\$5.08
56	\$2.46	\$4.14	\$5.79	\$2.20	\$3.73	\$5.36
57	\$2.56	\$4.34	\$6.10	\$2.30	\$3.90	\$5.63
58	\$2.66	\$4.55	\$6.38	\$2.39	\$4.11	\$5.89
59	\$2.73	\$4.81	\$6.67	\$2.46	\$4.33	\$6.17
60	\$2.82	\$5.06	\$6.97	\$2.53	\$4.55	\$6.43
61	\$2.93	\$5.32	\$7.30	\$2.63	\$4.81	\$6.74
62	\$3.08	\$5.63	\$7.70	\$2.76	\$5.08	\$7.12
63	\$3.27	\$5.96	\$8.16	\$2.94	\$5.38	\$7.54
64	\$3.51	\$6.32	\$8.63	\$3.15	\$5.69	\$7.99
65	\$3.78	\$6.69	\$9.17	\$3.39	\$6.03	\$8.49
66	\$4.07	\$7.11	\$9.76	\$3.65	\$6.40	\$9.03
67	\$4.35	\$7.58	\$10.44	\$3.90	\$6.84	\$9.65
68	\$4.64	\$8.10	\$11.17	\$4.18	\$7.30	\$10.32
69	\$4.95	\$8.67	\$11.96	\$4.45	\$7.80	\$11.05
70	\$5.26	\$9.27	\$12.82	\$4.73	\$8.35	\$11.84
71	\$5.61	\$9.93	\$13.74	\$5.05	\$8.96	\$12.71
72	\$6.01	\$10.66	\$14.76	\$5.39	\$9.61	\$13.66
73	\$6.49	\$11.57	\$16.04	\$5.83	\$10.44	\$14.83
74	\$6.98	\$12.47	\$17.31	\$6.28	\$11.25	\$16.01
75	\$7.47	\$13.39	\$18.57	\$6.73	\$12.06	\$17.20
76	\$7.98	\$14.29	\$19.84	\$7.16	\$12.88	\$18.37
77	\$8.45	\$15.21	\$21.13	\$7.60	\$13.70	\$19.53
78	\$8.79	\$15.90	\$22.19	\$7.91	\$14.33	\$20.52
79	\$9.13	\$16.60	\$23.24	\$8.20	\$14.96	\$21.50
80	\$9.49	\$17.30	\$24.31	\$8.51	\$15.57	\$22.48
81	\$9.82	\$18.00	\$25.37	\$8.82	\$16.23	\$23.46
82	\$10.15	\$18.69	\$26.42	\$9.13	\$16.86	\$24.43
83	\$10.49	\$19.40	\$27.49	\$9.44	\$17.48	\$25.41
84	\$10.83	\$20.10	\$28.54	\$9.75	\$18.11	\$26.40

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 D	ay Elimination P	eriod	90 D	ay Elimination P	eriod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.24	\$2.06	\$2.78	\$1.11	\$1.85	\$2.57
30-34	\$1.62	\$2.72	\$3.67	\$1.45	\$2.45	\$3.39
35-39	\$2.12	\$3.54	\$4.77	\$1.89	\$3.18	\$4.41
40	\$2.38	\$3.98	\$5.38	\$2.13	\$3.58	\$4.98
41	\$2.48	\$4.15	\$5.61	\$2.23	\$3.74	\$5.18
42	\$2.60	\$4.35	\$5.88	\$2.33	\$3.92	\$5.43
43	\$2.76	\$4.60	\$6.21	\$2.47	\$4.14	\$5.74
44	\$2.91	\$4.86	\$6.56	\$2.60	\$4.37	\$6.06
45	\$3.04	\$5.09	\$6.90	\$2.73	\$4.60	\$6.36
46	\$3.20	\$5.37	\$7.25	\$2.87	\$4.83	\$6.68
47	\$3.40	\$5.70	\$7.70	\$3.04	\$5.14	\$7.11
48	\$3.49	\$5.86	\$7.93	\$3.14	\$5.26	\$7.33
49	\$3.58	\$6.02	\$8.17	\$3.21	\$5.42	\$7.55
50	\$3.67	\$6.17	\$8.42	\$3.30	\$5.56	\$7.78
51	\$3.76	\$6.33	\$8.65	\$3.38	\$5.71	\$8.00
52	\$3.85	\$6.49	\$8.90	\$3.46	\$5.85	\$8.23
53	\$3.96	\$6.68	\$9.14	\$3.56	\$6.02	\$8.46
54	\$4.09	\$6.88	\$9.39	\$3.67	\$6.20	\$8.69
55	\$4.23	\$7.08	\$9.66	\$3.80	\$6.38	\$8.94
56	\$4.35	\$7.29	\$9.93	\$3.91	\$6.57	\$9.19
57	\$4.46	\$7.52	\$10.23	\$4.03	\$6.76	\$9.45
58	\$4.59	\$7.72	\$10.55	\$4.12	\$6.97	\$9.75
59	\$4.68	\$7.93	\$10.86	\$4.20	\$7.14	\$10.04
60	\$4.78	\$8.16	\$11.20	\$4.29	\$7.36	\$10.37
61	\$4.90	\$8.41	\$11.58	\$4.41	\$7.59	\$10.72
62	\$5.07	\$8.73	\$12.04	\$4.55	\$7.88	\$11.12
63	\$5.28	\$9.13	\$12.54	\$4.76	\$8.23	\$11.60
64	\$5.55	\$9.58	\$13.09	\$4.98	\$8.63	\$12.10
65	\$5.85	\$10.07	\$13.69	\$5.25	\$9.07	\$12.67
66	\$6.16	\$10.61	\$14.36	\$5.53	\$9.55	\$13.27
67	\$6.47	\$11.16	\$15.09	\$5.81	\$10.06	\$13.95
68	\$6.81	\$11.74	\$15.88	\$6.11	\$10.57	\$14.69
69	\$7.16	\$12.35	\$16.74	\$6.43	\$11.12	\$15.48
70	\$7.53	\$12.99	\$17.67	\$6.75	\$11.70	\$16.33
71	\$7.92	\$13.67	\$18.65	\$7.11	\$12.32	\$17.24
72	\$8.33	\$14.42	\$19.72	\$7.48	\$13.00	\$18.23
73	\$8.81	\$15.33	\$21.00	\$7.92	\$13.82	\$19.42
74	\$9.30	\$16.24	\$22.29	\$8.35	\$14.65	\$20.62
75	\$9.79	\$17.15	\$23.57	\$8.80	\$15.45	\$21.81
76	\$10.29	\$18.06	\$24.87	\$9.24	\$16.27	\$23.00
77	\$10.76	\$18.97	\$26.15	\$9.68	\$17.11	\$24.18
78	\$10.99	\$19.45	\$26.93	\$9.88	\$17.53	\$24.90
79	\$11.20	\$19.95	\$27.71	\$10.06	\$17.97	\$25.63
80	\$11.43	\$20.43	\$28.50	\$10.27	\$18.40	\$26.36
81	\$11.64	\$20.90	\$29.28	\$10.47	\$18.85	\$27.07
82	\$11.87	\$21.40	\$30.06	\$10.67	\$19.28	\$27.80
83	\$12.09	\$21.88	\$30.85	\$10.86	\$19.72	\$28.52
84	\$12.31	\$22.38	\$31.63	\$11.05	\$20.15	\$29.25
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Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES

LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES
STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$1.26	\$2.04	\$2.67	\$1.13	\$1.83	\$2.46	
30-34	1.67	2.70	3.53	1.50	2.44	3.28	
35-39	2.16	3.50	4.56	1.93	3.15	4.23	
40	2.42	3.95	5.15	2.18	3.56	4.77	
41	2.55	4.13	5.39	2.28	3.72	5.00	
42	2.65	4.30	5.61	2.38	3.88	5.21	
43	2.80	4.55	5.95	2.52	4.10	5.50	
44	2.95	4.80	6.27	2.66	4.33	5.81	
45	3.11	5.05	6.59	2.80	4.55	6.10	
46	3.26	5.31	6.93	2.94	4.67	6.41	
47	3.47	5.64	7.36	3.12	4.90	6.82	
48	3.65	5.91	7.73	3.28	5.20	7.15	
49	3.82	6.17	8.09	3.44	5.53	7.49	
50	4.00	6.45	8.44	3.60	5.81	7.81	
51	4.17	6.72	8.81	3.77	6.06	8.15	
52	4.35	6.99	9.17	3.92	6.30	8.48	
53	4.56	7.32	9.66	4.10	6.59	8.93	
54	4.77	7.67	10.19	4.28	6.92	9.42	
55	5.00	8.06	10.77	4.49	7.27	9.95	
56	5.26	8.51	11.40	4.73	7.66	10.54	
57	5.59	9.03	12.11	5.01	8.13	11.20	
58	5.95	9.60	12.87	5.35	8.65	11.90	
59	6.36	10.23	13.65	5.71	9.23	12.63	
60	6.80	10.93	14.53	6.12	9.86	13.44	
61	7.31	11.73	15.53	6.57	10.57	14.36	
62	7.87	12.63	16.70	7.07	11.38	15.44	
63	8.43	13.55	17.95	7.57	12.21	16.60	
64	8.99	14.49	19.26	8.08	13.06	17.82	
65	9.62	15.55	20.76	8.65	14.03	19.19	
66	10.42	16.88	22.57	9.37	15.22	20.87	
67	11.38	18.45	24.63	10.23	16.61	22.78	
68	12.45	20.13	26.84	11.19	18.14	24.81	
69	13.85	22.32	29.66	12.45	20.11	27.43	
70	14.89	23.91	31.67	13.38	21.54	29.29	
71	16.00	25.68	33.90	14.39	23.14	31.34	
72	17.06	27.43	36.07	15.34	24.71	33.35	
73	18.38	29.72	38.89	16.52	26.78	35.96	
74	19.94	32.43	42.25	17.93	29.22	39.07	
75	21.95	35.84	46.55	19.73	32.30	43.04	
76	24.37	39.92	51.71	21.90	35.97	47.82	
77	26.59	43.66	56.44	23.89	39.34	52.20	
78	29.96	49.21	63.61	26.93	44.34	58.83	
79	33.34	54.76	70.80	29.98	49.35	65.46	
80	36.72	60.31	77.97	33.01	54.35	72.09	
81	40.11	65.87	85.14	36.05	59.35	78.74	
82	43.48	71.41	92.32	39.08	64.35	85.37	
83	46.86	76.97	99.50	42.12	69.36	92.00	
84	50.25	82.51	106.67	45.17	74.36	98.64	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.78	\$1.32	\$1.85	\$0.70	\$1.19	\$1.71
30-34	1.04	1.74	2.44	0.92	1.57	2.24
35-39	1.33	2.24	3.15	1.19	2.03	2.91
40	1.51	2.53	3.56	1.36	2.30	3.29
41	1.58	2.65	3.71	1.41	2.39	3.43
42	1.65	2.77	3.88	1.47	2.51	3.58
43	1.74	2.93	4.10	1.57	2.65	3.79
44	1.83	3.09	4.33	1.65	2.79	3.99
45	1.93	3.25	4.55	1.74	2.94	4.20
46	2.03	3.40	4.77	1.82	3.08	4.41
47	2.16	3.63	5.08	1.93	3.28	4.69
48	2.25	3.82	5.31	2.02	3.46	4.89
49	2.35	4.02	5.52	2.10	3.63	5.10
50	2.44	4.23	5.74	2.20	3.81	5.29
51	2.53	4.42	5.95	2.28	3.98	5.50
52	2.63	4.62	6.17	2.37	4.16	5.70
53	2.76	4.83	6.48	2.48	4.35	5.99
54	2.90	5.01	6.83	2.62	4.52	6.31
55	3.07	5.21	7.21	2.74	4.70	6.66
56	3.22	5.43	7.60	2.88	4.90	7.03
57	3.36	5.68	7.99	3.02	5.12	7.39
58	3.49	5.98	8.37	3.14	5.39	7.74
59	3.58	6.30	8.75	3.22	5.67	8.09
60	3.70	6.64	9.14	3.32	5.98	8.44
61	3.84	6.99	9.58	3.44	6.30	8.85
62	4.03	7.39	10.09	3.63	6.66	9.34
63	4.28	7.83	10.70	3.86	7.06	9.88
64	4.61	8.29	11.33	4.13	7.46	10.47
65	4.96	8.79	12.03	4.45	7.91	11.13
66	5.33	9.32	12.81	4.79	8.40	11.84
67	5.70	9.94	13.69	5.12	8.97	12.66
68	6.09	10.64	14.64	5.47	9.58	13.54
69	6.50	11.37	15.68	5.84	10.23	14.50
70	6.90	12.17	16.81	6.20	10.96	15.54
71	7.36	13.03	18.03	6.62	11.75	16.67
72	7.88	13.99	19.36	7.07	12.61	17.92
73	8.51	15.19	21.04	7.64	13.69	19.46
74	9.16	16.37	22.71	8.23	14.76	21.00
75	9.80	17.57	24.37	8.82	15.82	22.55
76	10.46	18.75	26.04	9.39	16.90	24.09
77	11.09	19.95	27.72	9.97	17.98	25.62
78	11.54	20.86	29.11	10.37	18.80	26.92
79	11.98	21.78	30.49	10.77	19.63	28.21
80	12.45	22.69	31.89	11.17	20.44	29.50
81	12.88	23.60	33.28	11.58	21.28	30.77
82	13.33	24.53	34.66	11.98	22.11	32.06
83	13.78	25.45	36.06	12.39	22.93	33.35
84	14.21	26.38	37.45	12.78	23.76	34.64

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.62	\$2.70	\$3.65	\$1.46	\$2.44	\$3.37
30-34	2.13	3.57	4.82	1.90	3.21	4.45
35-39	2.77	4.63	6.26	2.48	4.17	5.78
40	3.12	5.22	7.06	2.80	4.70	6.52
41	3.26	5.45	7.36	2.93	4.91	6.80
42	3.42	5.71	7.71	3.07	5.15	7.13
43	3.61	6.03	8.15	3.23	5.43	7.53
44	3.81	6.37	8.60	3.42	5.74	7.95
45	4.00	6.69	9.04	3.58	6.03	8.34
46	4.20	7.04	9.51	3.77	6.34	8.78
47	4.47	7.48	10.09	4.00	6.73	9.32
48	4.58	7.69	10.42	4.12	6.92	9.62
49	4.70	7.90	10.72	4.21	7.11	9.91
50	4.82	8.09	11.05	4.33	7.29	10.21
51	4.94	8.30	11.35	4.42	7.49	10.50
52	5.05	8.51	11.68	4.54	7.67	10.79
53	5.19	8.76	12.00	4.68	7.90	11.10
54	5.36	9.03	12.32	4.83	8.13	11.40
55	5.54	9.30	12.67	4.98	8.37	11.72
56	5.71	9.56	13.03	5.14	8.62	12.05
57	5.87	9.86	13.43	5.29	8.88	12.40
58	6.02	10.14	13.83	5.40	9.14	12.78
59	6.13	10.42	14.25	5.52	9.38	13.17
60	6.27	10.71	14.70	5.63	9.65	13.59
61	6.43	11.03	15.20	5.78	9.95	14.06
62	6.65	11.47	15.79	5.98	10.33	14.60
63	6.93	11.98	16.46	6.24	10.79	15.22
64	7.28	12.57	17.18	6.54	11.33	15.88
65	7.67	13.22	17.96	6.89	11.90	16.62
66	8.08	13.92	18.84	7.25	12.53	17.42
67	8.48	14.63	19.80	7.63	13.20	18.30
68	8.93	15.40	20.83	8.02	13.87	19.28
69	9.39	16.20	21.97	8.44	14.59	20.31
70	9.87	17.04	23.18	8.86	15.34	21.42
71	10.39	17.93	24.47	9.32	16.17	22.62
72	10.93	18.91	25.87	9.81	17.07	23.93
73	11.56	20.12	27.55	10.39	18.13	25.48
74	12.21	21.31	29.25	10.96	19.21	27.05
75	12.85	22.51	30.93	11.55	20.27	28.62
76	13.50	23.69	32.62	12.12	21.35	30.17
77	14.11	24.89	34.31	12.70	22.44	31.72
78	14.41	25.52	35.34	12.96	23.00	32.68
79	14.70	26.17	36.36	13.20	23.58	33.63
80	14.99	26.80	37.39	13.47	24.15	34.58
81	15.27	27.43	38.42	13.73	24.72	35.52
82	15.57	28.07	39.44	14.00	25.30	36.47
83	15.86	28.71	40.47	14.25	25.87	37.42
84	16.14	29.36	41.50	14.50	26.43	38.37

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001

## LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.08	\$1.74	\$2.27	\$0.97	\$1.55	\$2.10
30-34	\$1.41	\$2.30	\$3.00	\$1.27	\$2.07	\$2.79
35-39	\$1.83	\$2.98	\$3.88	\$1.64	\$2.67	\$3.60
40	\$2.06	\$3.36	\$4.38	\$1.86	\$3.02	\$4.06
41	\$2.17	\$3.51	\$4.58	\$1.95	\$3.16	\$4.26
42	\$2.25	\$3.65	\$4.77	\$2.03	\$3.30	\$4.42
43	\$2.38	\$3.86	\$5.05	\$2.14	\$3.49	\$4.68
44	\$2.51	\$4.09	\$5.33	\$2.27	\$3.68	\$4.94
45	\$2.65	\$4.30	\$5.61	\$2.38	\$3.86	\$5.19
46	\$2.77	\$4.51	\$5.89	\$2.51	\$3.97	\$5.46
47	\$2.95	\$4.80	\$6.26	\$2.66	\$4.17	\$5.80
48	\$3.11	\$5.03	\$6.57	\$2.79	\$4.42	\$6.09
49	\$3.25	\$5.25	\$6.89	\$2.93	\$4.70	\$6.37
50	\$3.40	\$5.49	\$7.18	\$3.07	\$4.94	\$6.65
51	\$3.54	\$5.71	\$7.49	\$3.21	\$5.15	\$6.93
52	\$3.70	\$5.94	\$7.80	\$3.33	\$5.36	\$7.21
53	\$3.88	\$6.23	\$8.22	\$3.49	\$5.61	\$7.60
54	\$4.06	\$6.52	\$8.67	\$3.64	\$5.88	\$8.01
55	\$4.26	\$6.86	\$9.16	\$3.82	\$6.17	\$8.47
56	\$4.48	\$7.24	\$9.69	\$4.02	\$6.51	\$8.96
57	\$4.75	\$7.69	\$10.30	\$4.26	\$6.92	\$9.52
58	\$5.05	\$8.16	\$10.95	\$4.55	\$7.36	\$10.12
59	\$5.40	\$8.71	\$11.61	\$4.86	\$7.84	\$10.74
60	\$5.78	\$9.30	\$12.36	\$5.21	\$8.39	\$11.42
61	\$6.22	\$9.98	\$13.20	\$5.59	\$8.99	\$12.22
62	\$6.69	\$10.74	\$14.21	\$6.01	\$9.67	\$13.13
63	\$7.17	\$11.52	\$15.26	\$6.44	\$10.39	\$14.13
64	\$7.64	\$12.32	\$16.38	\$6.87	\$11.10	\$15.16
65	\$8.18	\$13.23	\$17.65	\$7.36	\$11.93	\$16.32
66	\$8.86	\$14.36	\$19.19	\$7.97	\$12.94	\$17.75
67	\$9.67	\$15.68	\$20.94	\$8.70	\$14.12	\$19.36
68	\$10.58	\$17.11	\$22.81	\$9.51	\$15.42	\$21.09
69	\$11.77	\$18.97	\$25.21	\$10.58	\$17.09	\$23.32
70	\$12.66	\$20.32	\$26.92	\$11.37	\$18.31	\$24.90
71	\$13.60	\$21.83	\$28.82	\$12.23	\$19.67	\$26.64
72	\$14.50	\$23.32	\$30.66	\$13.04	\$21.00	\$28.35
73	\$15.62	\$25.26	\$33.06	\$14.04	\$22.76	\$30.57
74	\$16.95	\$27.57	\$35.91	\$15.24	\$24.84	\$33.21
75	\$18.66	\$30.46	\$39.57	\$16.77	\$27.46	\$36.58
76	\$20.71	\$33.93	\$43.95	\$18.62	\$30.57	\$40.65
77	\$22.60	\$37.11	\$47.97	\$20.31	\$33.44	\$44.37
78	\$25.47	\$41.83	\$54.07	\$22.89	\$37.69	\$50.01
79	\$28.34	\$46.55	\$60.18	\$25.48	\$41.95	\$55.64
80	\$31.21	\$51.26	\$66.27	\$28.06	\$46.20	\$61.28
81	\$34.09	\$55.99	\$72.37	\$30.64	\$50.45	\$66.93
82	\$36.96	\$60.70	\$78.47	\$33.22	\$54.70	\$72.56
83	\$39.83	\$65.42	\$84.58	\$35.80	\$58.96	\$78.20
84	\$42.71	\$70.13	\$90.67	\$38.39	\$63.21	\$83.84
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Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

#### BLOOMINGTON, ILLINOIS

#### PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.67	\$1.12	\$1.57	\$0.60	\$1.01	\$1.46
30-34	\$0.88	\$1.47	\$2.07	\$0.78	\$1.33	\$1.90
35-39	\$1.13	\$1.90	\$2.67	\$1.01	\$1.72	\$2.48
40	\$1.29	\$2.16	\$3.02	\$1.15	\$1.95	\$2.80
41	\$1.34	\$2.25	\$3.15	\$1.20	\$2.03	\$2.91
42	\$1.40	\$2.35	\$3.30	\$1.25	\$2.13	\$3.05
43	\$1.47	\$2.49	\$3.49	\$1.33	\$2.25	\$3.22
44	\$1.55	\$2.63	\$3.68	\$1.40	\$2.37	\$3.39
45	\$1.64	\$2.76	\$3.86	\$1.47	\$2.51	\$3.57
46	\$1.72	\$2.90	\$4.06	\$1.55	\$2.62	\$3.75
47	\$1.83	\$3.08	\$4.33	\$1.64	\$2.79	\$3.99
48	\$1.92	\$3.25	\$4.51	\$1.71	\$2.94	\$4.16
49	\$2.00	\$3.42	\$4.69	\$1.79	\$3.08	\$4.34
50	\$2.07	\$3.60	\$4.89	\$1.88	\$3.23	\$4.49
51	\$2.16	\$3.77	\$5.05	\$1.95	\$3.39	\$4.68
52	\$2.24	\$3.93	\$5.25	\$2.02	\$3.54	\$4.84
53	\$2.35	\$4.10	\$5.52	\$2.11	\$3.70	\$5.10
54	\$2.46	\$4.26	\$5.81	\$2.23	\$3.85	\$5.38
55	\$2.60	\$4.42	\$6.13	\$2.34	\$4.00	\$5.67
56	\$2.74	\$4.62	\$6.47	\$2.45	\$4.17	\$5.98
57	\$2.86	\$4.83	\$6.80	\$2.58	\$4.35	\$6.29
58	\$2.97	\$5.08	\$7.13	\$2.67	\$4.58	\$6.58
59	\$3.05	\$5.36	\$7.45	\$2.74	\$4.82	\$6.89
60	\$3.15	\$5.64	\$7.77	\$2.83	\$5.08	\$7.18
61	\$3.26	\$5.94	\$8.15	\$2.93	\$5.36	\$7.52
62	\$3.43	\$6.29	\$8.58	\$3.08	\$5.67	\$7.94
63	\$3.64	\$6.65	\$9.10	\$3.29	\$6.01	\$8.40
64	\$3.92	\$7.04	\$9.63	\$3.51	\$6.34	\$8.90
65	\$4.21	\$7.48	\$10.23	\$3.78	\$6.73	\$9.46
66	\$4.54	\$7.92	\$10.89	\$4.07	\$7.14	\$10.07
67	\$4.84	\$8.46	\$11.65	\$4.35	\$7.63	\$10.77
68	\$5.18	\$9.04	\$12.46	\$4.66	\$8.15	\$11.51
69	\$5.53	\$9.67	\$13.34	\$4.97	\$8.71	\$12.33
70	\$5.87	\$10.35	\$14.29	\$5.28	\$9.32	\$13.22
71	\$6.26	\$11.09	\$15.33	\$5.63	\$10.00	\$14.18
72	\$6.71	\$11.90	\$16.46	\$6.01	\$10.72	\$15.25
73	\$7.24	\$12.92	\$17.89	\$6.50	\$11.65	\$16.55
74	\$7.78	\$13.92	\$19.31	\$7.00	\$12.54	\$17.86
75	\$8.33	\$14.94	\$20.73	\$7.50	\$13.45	\$19.18
76	\$8.89	\$15.95	\$22.15	\$7.99	\$14.38	\$20.50
77	\$9.44	\$16.97	\$23.58	\$8.48	\$15.29	\$21.78
78	\$9.81	\$17.74	\$24.75	\$8.82	\$15.99	\$22.89
79	\$10.19	\$18.52	\$25.93	\$9.16	\$16.69	\$24.00
80	\$10.58	\$19.31	\$27.12	\$9.51	\$17.39	\$25.09
81	\$10.95	\$20.08	\$28.31	\$9.84	\$17.39	\$25.09 \$26.17
82	\$11.34	\$20.86	\$29.48	\$10.19	\$18.80	\$27.27
83	\$11.72	\$20.60	\$30.67	\$10.19 \$10.54	\$19.50	\$28.36
84	\$12.08	\$22.43	\$30.07	\$10.34 \$10.86	\$20.20	\$29.46
0+	φ12.00	φ44. <del>4</del> 3	φυ1.0υ	φ10.00	φ <b>2</b> 0.20	φ <b>47.40</b>

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

Table A04 - Year 3 Page 5

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.39	\$2.30	\$3.11	\$1.23	\$2.07	\$2.87
30-34	\$1.81	\$3.04	\$4.10	\$1.62	\$2.73	\$3.78
35-39	\$2.35	\$3.95	\$5.32	\$2.11	\$3.54	\$4.91
40	\$2.66	\$4.44	\$6.01	\$2.38	\$4.00	\$5.54
41	\$2.77	\$4.63	\$6.26	\$2.49	\$4.19	\$5.78
42	\$2.91	\$4.86	\$6.57	\$2.60	\$4.38	\$6.06
43	\$3.07	\$5.14	\$6.93	\$2.74	\$4.62	\$6.41
44	\$3.23	\$5.42	\$7.31	\$2.91	\$4.89	\$6.76
45	\$3.40	\$5.70	\$7.69	\$3.05	\$5.14	\$7.10
46	\$3.57	\$5.99	\$8.08	\$3.21	\$5.39	\$7.46
47	\$3.79	\$6.36	\$8.58	\$3.40	\$5.73	\$7.92
48	\$3.89	\$6.54	\$8.86	\$3.50	\$5.88	\$8.18
49	\$4.00	\$6.72	\$9.11	\$3.58	\$6.05	\$8.43
50	\$4.10	\$6.89	\$9.39	\$3.68	\$6.20	\$8.68
51	\$4.20	\$7.06	\$9.66	\$3.77	\$6.37	\$8.93
52	\$4.30	\$7.24	\$9.93	\$3.86	\$6.52	\$9.18
53	\$4.42	\$7.45	\$10.21	\$3.98	\$6.72	\$9.44
54	\$4.56	\$7.69	\$10.47	\$4.10	\$6.92	\$9.69
55	\$4.72	\$7.91	\$10.78	\$4.24	\$7.13	\$9.97
56	\$4.86	\$8.13	\$11.09	\$4.37	\$7.34	\$10.25
57	\$4.98	\$8.39	\$11.42	\$4.49	\$7.55	\$10.56
58	\$5.12	\$8.62	\$11.76	\$4.59	\$7.77	\$10.86
59	\$5.22	\$8.86	\$12.12	\$4.69	\$7.98	\$11.20
60	\$5.33	\$9.11	\$12.50	\$4.79	\$8.20	\$11.56
61	\$5.46	\$9.38	\$12.94	\$4.91	\$8.47	\$11.96
62	\$5.66	\$9.76	\$13.43	\$5.08	\$8.79	\$12.42
63	\$5.89	\$10.19	\$14.00	\$5.31	\$9.18	\$12.94
64	\$6.19	\$10.70	\$14.62	\$5.56	\$9.63	\$13.50
65	\$6.52	\$11.24	\$15.27	\$5.85	\$10.12	\$14.14
66	\$6.87	\$11.83	\$16.03	\$6.17	\$10.65	\$14.81
67	\$7.21	\$12.45	\$16.84	\$6.50	\$11.23	\$15.57
68	\$7.60	\$13.10	\$17.71	\$6.82	\$11.80	\$16.39
69	\$7.99	\$13.78	\$18.68	\$7.18	\$12.40	\$17.28
70	\$8.40	\$14.49	\$19.71	\$7.53	\$13.05	\$18.21
71	\$8.83	\$15.25	\$20.82	\$7.92	\$13.75	\$19.24
72	\$9.30	\$16.09	\$22.01	\$8.34	\$14.52	\$20.34
73	\$9.83	\$17.11	\$23.44	\$8.83	\$15.41	\$21.67
74	\$10.39	\$18.12	\$24.88	\$9.32	\$16.34	\$23.00
75	\$10.93	\$19.15	\$26.31	\$9.83	\$17.23	\$24.33
76	\$11.48	\$20.15	\$27.75	\$10.32	\$18.16	\$25.66
77	\$12.00	\$21.17	\$29.18	\$10.79	\$19.08	\$26.98
78	\$12.25	\$21.70	\$30.06	\$11.03	\$19.56	\$27.79
78 79	\$12.50	\$22.26	\$30.93	\$11.03	\$20.05	\$28.60
80	\$12.75	\$22.79	\$31.81	\$11.25 \$11.45	\$20.54	\$29.41
81	\$12.73 \$12.99	\$23.32	\$32.68	\$11.43 \$11.68	\$20.34	\$30.21
82	\$13.24	\$23.32 \$23.87	\$32.08	\$11.08	\$21.52	\$31.01
83	\$13.50	\$23.87 \$24.42	\$34.43	\$11.90 \$12.12	\$21.32	\$31.82
84	\$13.73	\$24.42 \$24.96	\$35.29	\$12.12 \$12.33	\$22.48	\$32.63
0+	φ13./3	φ <b>4-7.</b> 70	φυυ.Δ7	φ14.33	φωω.40	φυ2.00

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Virginia

State:

## **Supporting Document Schedules**

Bypassed - Item:	Certification of Compliance
Bypass Reason:	This is not a form filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification v3.pdf
Item Status:	Received & Acknowledged
Status Date:	05/05/2016
Satisfied - Item:	Actual and Projected Evacrience
Comments:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience.pdf Actual and Projected Nationwide Experience.xls Actual and Projected Virginia Experience.pdf Actual and Projected Virginia Experience.xls
Item Status:	Received & Acknowledged
Status Date:	01/23/2014
Satisfied - Item:	Proposed and Current Rate Comparison
Comments:	Proposed and Current Rate Companson
Attachment(s):	Rate Comparison Table A03.pdf Rate Comparison Table A04.pdf
Item Status:	Received & Acknowledged
Status Date:	12/02/2013
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	Current Rate Table A01.pdf Current Rate Table A02.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2014
Satisfied - Item:	Objection Regnered
Sausned - Item:	Objection Response

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Comments:	
Attachment(s):	LTC Customer Q and A - Anniversary.pdf Objection Response.pdf Rate Summary Form.pdf Filing Summary Narrative.pdf Premium Comparison - Proposed 97045 to Current 97062.pdf Issue Year Within Calendar Year - Nationwide.pdf Issue Year Within Calendar Year - Virginia.pdf Experience Studies - Lapse and Mortality.pdf 97045 Series Inforce Rate Increase History 12-4-13.pdf 97045 1st round Country Wide Customer Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2014
Satisfied - Item:	Objection 2 Response
Comments:	Objection 2 Nesponse
Comments.	97045 Series Inforce Rate Increase History 1-28-14.pdf
Attachment(s):	Actual and Projected Nationwide Experience - V4 - adj.pdf Actual and Projected Nationwide Experience - V4 - adj.xlsx Actual and Projected Virginia Experience - V4 - adj.xlsx Actual and Projected Virginia Experience - V4 - adj.xlsx Objection Response - VA.pdf Comparison of Original and Updated Claim Costs.pdf Original_Claim_Costs.pdf Original_Termination_Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	02/18/2014
Satisfied - Item:	Objection 3 Response
Comments:	a specific respense
Attachment(s):	Objection Response - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	08/14/2014
Satisfied - Item:	Objection 4 Response
Comments:	
Attachment(s):	VA Rate Summary.pdf VA 97045 Narrative.pdf
Item Status:	Received & Acknowledged
Status Date:	05/05/2016

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Satisfied - Item:	Objection 5 Response
Comments:	
Attachment(s):	Objection Response - VA -August 14.pdf VA 97045 Narrative.pdf 97045 Virginia Customer Letter - Based on variable letter.pdf Sample Agent Request Letter - Routine Policy Changes.pdf
Item Status:	Received & Acknowledged
Status Date:	01/27/2015
Satisfied - Item:	Objection 6 Response
Comments:	
Attachment(s):	Objection Response - VA - January 27.pdf 97045 Virginia Customer Letter - Based on variable letter - Letterhead - Variability.pdf Statement of Variability.pdf Sample Billing Notice.pdf
Item Status:	Received & Acknowledged
Status Date:	05/28/2015
Satisfied - Item:	Note to Filer - Additional Requirements
Comments:	
Attachment(s):	A-LTCICHG.pdf Statement of Variability A-LTCICHG.pdf Certificate of Compliance for A-LTCICHG.pdf VIRGINIA READABILITY COMPLIANCE CERTIFICATION-A_LTCICHG.pdf
Item Status:	Received & Acknowledged
Status Date:	05/28/2015
Satisfied - Item:	Objection 7 Response
Comments:	
Attachment(s):	Rate Table Comparison - A91 vs A01 - Prior to June 1, 2001 - Year 1.pdf Rate Table Comparison - A94 vs A02 - On or After to June 1, 2001 - Year 1.pdf Rate Table Comparison - A92 vs A91 - Prior to June 1, 2001 - Year 2.pdf Rate Table Comparison - A95 vs A94 - On or After to June 1, 2001 - Year 2.pdf Rate Table Comparison - A03 vs A92 - Prior to June 1, 2001 - Year 3.pdf Rate Table Comparison - A04 vs A95 - On or After to June 1, 2001 - Year 3.pdf VIRGINIA READABILITY COMPLIANCE CERTIFICATION-A_LTCICHG.pdf VIRGINIA READABILITY COMPLIANCE CERTIFICATION-97045 Customer Letter.pdf Certificate of Compliance for 97045 Customer Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	06/18/2015

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Satisfied - Item:	Statement of Variability Form A-LTCICHG
Comments:	
Attachment(s):	Statement of Variability A-LTCICHG.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2016
Satisfied - Item:	Certificate of Compliance Form A-LTCICHG
Comments:	
Attachment(s):	Certificate of Compliance for A-LTCICHG.pdf
Item Status:	Received & Acknowledged
Status Date:	03/16/2016
Satisfied - Item:	Virginia Readability Compliance Certification Form a-LTCICHG
Comments:	
Attachment(s):	VIRGINIA READABILITY COMPLIANCE CERTIFICATION-A_LTCICHG.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2016
Satisfied - Item:	Certificate of Compliance for 97045 Customer Letter
Comments:	
Attachment(s):	Certificate of Compliance for 97045 Customer Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	12/30/2015
Satisfied - Item:	VIRGINIA READABILITY COMPLIANCE CERTIFICATION-97045 Customer Letter
Comments:	
Attachment(s):	VIRGINIA READABILITY COMPLIANCE CERTIFICATION-97045 Customer Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	12/30/2015
Satisfied - Item:	Sample Billing Notice ((#8 Objection Response 06/18/2015)
Comments:	
Attachment(s):	Sample Billing Notice.pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	Updated Status (as of 12/23/2015)

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Comments:	
Attachment(s):	97045 Series Inforce Rate Increase History.pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	A-LTCICHG Revised (#8 Objection Response 06/18/2015)
Comments:	
Attachment(s):	A-LTCICHG (Revised).pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	97045 VA Revised (#8 Objection Response 06/18/2015)
Comments:	
Attachment(s):	97045 VA Customer Letter Revised.pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	#8 Objection Response 06/18/2015
Comments:	
Attachment(s):	Objection Response.pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	Statement of Variability Form 97045 VA ((#8 Objection Response 06/18/2015)
Comments:	
Attachment(s):	Statement of Variability for 97045 VA Policyholder letter.pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	#9 Objection Response 01/12/2016
Comments:	
Attachment(s):	Objection Response.pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	Original Schedule of Benefits (#9 Objection Response 01/12/2016)
Comments:	

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

·	
Attachment(s):	Schedule of Benefits p.3, Effective 1997.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2016
Satisfied - Item:	Statement of Variability for A-LTCICHG (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Statement of Variability for A-LTCICHG.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2016
Satisfied - Item:	Statement of Variability for 97045 VA (#9 Objection Response 01/12/2016)
Comments:	
Attachment(s):	Statement of Variability for 97045 VA Policyholder Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	03/22/2016
Satisfied - Item:	#10 Objection Response 02/22/2016
Comments:	
Attachment(s):	Objection Response.pdf
Item Status:	Received & Acknowledged
Status Date:	02/24/2016
Satisfied - Item:	Statement of Variability for 97045 VA (#11 Objection Response 03/14/2016)
Comments:	
Attachment(s):	Statement of Variability for 97045 VA Policyholder letter.pdf
Item Status:	Received & Acknowledged
Status Date:	03/16/2016
Satisfied - Item:	#12 Objection Response 03/17/2016
Comments:	
Attachment(s):	Rate Table Comparison - A91 vs A01 - Prior to June 1, 2001 - Year 1.pdf Rate Table Comparison - A92 vs A91 - Prior to June 1, 2001 - Year 2.pdf Rate Table Comparison - A03 vs A92 - Prior to June 1, 2001 - Year 3.pdf Rate Table Comparison - A94 vs A02 - On or After to June 1, 2001 - Year 1.pdf Rate Table Comparison - A95 vs A94 - On or After to June 1, 2001 - Year 2.pdf Rate Table Comparison - A04 vs A95 - On or After to June 1, 2001 - Year 3.pdf
Item Status:	Received & Acknowledged
Status Date:	04/04/2016

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Satisfied - Item:	#13 Objection Response 03/22/2016
Comments:	
Attachment(s):	A-LTCICHG.pdf Statement of Variability for Policy Schedule.pdf Transmittal Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	05/03/2016
Satisfied - Item:	#14 Objection Response 04/04/2016
Comments:	
Attachment(s):	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf 97045 VA Policyholder Letter revised.pdf
Item Status:	Received & Acknowledged
Status Date:	05/04/2016
Satisfied - Item:	#15 Objection Response 05/03/2016
Comments:	
Attachment(s):	Policy Schedule.pdf Virginia - Actuarial Memorandum and Certification v3.pdf
Item Status:	Received & Acknowledged
Status Date:	05/04/2016

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance
Project Name/Number: 2013 VA LTCI 97045 Series/

Attachment Actual and Projected Nationwide Experience.xls is not a PDF document and cannot be reproduced here.

Attachment Actual and Projected Virginia Experience.xls is not a PDF document and cannot be reproduced here.

Attachment Actual and Projected Nationwide Experience - V4 - adj.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual and Projected Virginia Experience - V4 - adj.xlsx is not a PDF document and cannot be reproduced here.

#### STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS 61710 ACTUARIAL MEMORANDUM – RATE INCREASE

# STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM 97045VA.1 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504VA COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505

#### I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in Virginia. This memorandum is not suitable for other purposes.

#### II. GENERAL INFORMATION

- A. Type of Policy: These are Individual Tax Qualified Long Term Care Insurance Policies
- B. Renewability: Guaranteed Renewable
- C. Marketing Method: These policies were sold through a captive agency force but are no longer sold
- D. Issue Ages: ages 30 through 84
- E. Average Issue Age of inforce policies: 56

#### III. APPLICABILITY

This filing is applicable to all in-force policies and associated riders issued in Virginia on the above referenced forms. These forms were marketed in Virginia between February 1, 1998 and November 20, 2002. These forms are no longer marketed in any state. As of December 31, 2012, there were 1,142 policies in force on these forms in Virginia and 44,726 nationwide. A similar increase has been filed in all jurisdictions this series of forms were marketed in.

#### IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

- A. Form 97045VA.1: This form provides comprehensive Long Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care in a facility after the specified waiting period.
- B. Optional Simple Automatic Increase Benefit Rider Form 99504VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.
- C. Optional Compound Automatic Increase Benefit Rider Form 99505: provides compound automatic benefit increases of 5% for each policy year.

#### V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

#### VI. MORBIDITY ASSUMPTIONS

Claim costs were developed using 2011 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research and judgment. These claim costs were developed based on the benefits provided under these forms, and were adjusted based on actual experience on these forms.

No future morbidity improvement was assumed in these claim costs.

#### VII. MORTALITY ASSUMPTION

Sex distinct mortality was assumed to follow the IAM 2012 Static table with 11 year selection factors, grading from 28% to 91% of the table over those 11 years, with the ultimate factor being 91% in years 11 and beyond. The selection factors for the first 10 years are based on actual mortality results on State Farm's long term care block.

Duration	Assumed Mortality Factor As a % of 2012 IAM	Actual Mortality Factor As a % of 2012 IAM	Actual Deaths
1	28%	28%	209
2	50%	50%	389
3	58%	58%	457
4	62%	62%	495
5	73%	73%	582
6	68%	68%	554
7	79%	79%	644
8	83%	83%	666
9	91%	91%	670
10	92%	92%	552
11+	91%	95%	820

#### VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Voluntary lapse rates are based on our countrywide long term care lapse experience. All policies are in their  $10^{th}$  + year.

The following chart shows our actual lapse rate by duration through Dec. 31, 2011.

Duration	Actual Lapse Rate	Exposures
1	5.85%	61,698
2	4.40%	57,956
3	2.71%	55,194
4	1.86%	53,452
5	1.40%	52,196
6	1.03%	51,151
7	0.84%	50,291

8	0.84%	49,465
9	0.83%	46,423
10+	0.71%	100,943

Lapse rate used for projections in lifetime loss ratio calculation in policy years 11 + = .70%. Ultimate lapse rates assumed in the original pricing were in excess of 4%.

#### IX. HISTORY OF RATE ADJUSTMENTS

On May 9, 2000, we filed new rate tables to be used for new business on these forms. This change was implemented on June 1, 2001.

#### X. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to the rate increase is:

Virginia \$1,172 Nationwide \$1,153

The average annual premium for this form and associated riders after the rate increase is:

Virginia \$1,603 Nationwide \$1,355

#### XI. MINIMUM LIFETIME LOSS RATIO

The minimum lifetime loss ratio is 60%.

#### XII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide experience is shown in the exhibit entitled Actual and Projected Nationwide Experience. Nationwide experience is used as the basis for determining this rate revision. Projected premiums are shown both with and without the proposed rate increase. A summary of the resulting loss ratios are shown below.

The lifetime loss ratio is calculated as the present value of past and anticipated incurred claims divided by the present value of past and anticipated earned premium. The present values are calculated at 4.5%.

The following table shows the present values of premiums and claims at 4.5%.

	Earned	Earned		Loss	Loss
	Premium	Premium	Incurred	Ratio	Ratio
	w/o Increase	with Increase	Claims	w/o Increase	w increase
Past	\$1,078,926,341	\$1,078,926,341	\$369,655,235	34.3%	34.3%
Anticipated	\$574,308,026	\$746,814,027	\$2,747,922,850	478.5%	368.0%
Lifetime	\$1,653,234,368	\$1,825,740,368	\$3,117,578,085	188.6%	170.8%

#### XIII. MAXIMUM ALLOWABLE RATE INCREASE

	<u>Increase</u>
Approach 1: Calculate maximum increase based only on future premium	616%
Approach 2: Calculate maximum increase based on past and future premium	214%

Under Approach 1, if future premiums were increased 616%, the expected lifetime loss ratio would be 60%.

Under Approach 2, if future premiums were increased 214%, the expected lifetime loss ratio would be 108%. However, if premiums had initially been 214% higher, the expected lifetime loss ratio would be 60%. This method of meeting the minimum loss ratio does not allow the company to recoup past losses. This is the method that will be used to justify this rate increase.

#### XIV. SUMMARY OF PROPOSED RATE INCREASE

As shown in Approach 2 above, a rate increase of 214% is allowed to bring the lifetime loss ratio to 60%, however we are proposing an overall average increase of 37%.

We are proposing an increase of 40% on most policyholders with the following exceptions:

For all benefit periods and elimination periods, on the base policy form, the following increases will apply:

Issue Age	Proposed Increase
67	39%
68-69	37%
70	32%
71	27%
72	21%
73	14%
74	10%
75	9%
76+	10%

In addition, for policies issued on or after June 1, 2001, with a 5 year benefit period, and 90 day elimination period, the increase on the base policy form will be:

Issue Age	Proposed Increase
46	37%
47	35%
48	37%
49	39%

The purpose of these exceptions is to keep the proposed premiums lower than premiums that are being offered on currently marketed forms.

A table comparing current and proposed rates is included in the supporting documentation (There are some increases that show as 41% or 39% that are due to rounding. No increases are 41%, but may be greater than or equal to 40.5% and round to 41%).

Although a rate increase larger than 37% can be justified at this time, State Farm is not currently seeking a higher increase. This rate increase will enhance premium adequacy, however it will not be sufficient to prevent further rate increases. We will continue to monitor emerging experience and consider further increases in the future.

#### XV. CERTIFICATION

I certify that to the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and rules of this Commonwealth and the premiums are reasonable in relation to the benefits provided. This rate filing complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities" and Actuarial Standard of Practice No. 18, "Long-Term Care Insurance".

Jeff Mueller, FSA, MAAA

May 3, 2016

Date

#### Actual and Projected Nationwide Experience

			Actual	
Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1997	345,017	-	=	0.0%
1998	4,974,842	13,981	13,981	0.3%
1999	17,681,997	1,040,702	1,040,702	5.9%
2000	39,331,647	3,782,526	3,886,224	9.9%
2001	61,235,559	4,777,754	4,873,054	8.0%
2002	66,586,460	7,783,007	7,935,604	11.9%
2003	64,715,957	11,065,491	11,808,395	18.2%
2004	62,720,906	15,539,505	17,388,568	27.7%
2005	61,331,812	13,762,545	15,413,988	25.1%
2006	60,140,109	23,172,596	26,006,668	43.2%
2007	58,956,329	20,030,470	22,549,214	38.2%
2008	57,723,478	21,559,916	30,115,442	52.2%
2009	56,362,259	18,855,322	31,317,400	55.6%
2010	54,918,024	17,353,756	35,734,692	65.1%
2011	53,503,183	12,161,344	40,822,978	76.3%
2012	52,104,022	4,475,645	46,488,630	89.2%
Total	772,631,601	175,374,559	295,395,542	38.2%

	Projection				
Projection	Earned Premium	Earned Premium		Loss Ratio	Loss Ratio
Year	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
2013	52,517,545	52,583,916	52,513,592	100.0%	99.9%
2014	52,791,155	59,650,052	59,078,796	111.9%	99.0%
2015	51,357,965	68,368,669	66,232,972	129.0%	96.9%
2016	49,431,281	66,426,975	74,025,868	149.8%	111.4%
2017	47,459,782	63,852,966	81,657,784	172.1%	127.9%
2018	45,449,271	61,220,481	89,731,484	197.4%	146.6%
2019	43,406,283	58,537,509	98,110,221	226.0%	167.6%
2020	41,337,413	55,812,401	106,767,369	258.3%	191.3%
2021	39,250,640	53,055,560	115,739,632	294.9%	218.1%
2022	37,155,281	50,279,271	124,966,179	336.3%	248.5%
2023	35,061,345	47,496,984	134,258,565	382.9%	282.7%
2024	32,978,255	44,721,528	143,438,799	434.9%	320.7%
2025	30,914,606	41,964,908	152,421,328	493.0%	363.2%
2026	28,879,575	39,240,079	161,076,070	557.8%	410.5%
2027	26,883,447	36,561,468	169,330,265	629.9%	463.1%
2028	24,936,468	33,943,514	177,025,655	709.9%	521.5%
2029	23,047,755	31,399,061	183,936,034	798.1%	585.8%
2030	21,224,196	28,938,074	189,951,496	895.0%	656.4%
2031	19,472,035	26,569,743	195,102,791	1002.0%	734.3%
2032	17,797,666	24,303,330	199,478,590	1120.8%	820.8%
2033	16,207,226	22,147,643	203,031,013	1252.7%	916.7%
2034	14,705,125	20,109,108	205,523,834	1397.6%	1022.0%
2035	13,293,398	18,190,965	206,697,795	1554.9%	1136.3%
2036	11,972,730	16,394,641	206,530,733	1725.0%	1259.7%
2037	10,744,004	14,721,717	205,413,624	1911.9%	1395.3%
2038	9,607,710	13,173,184	203,572,790	2118.8%	1545.4%
2039	8,562,685	11,747,736	200,985,957	2347.2%	1710.8%
2040	7,605,860	10,441,507	197,416,346	2595.6%	1890.7%
2041	6,733,365	9,249,495	192,926,065	2865.2%	2085.8%
2042	5,941,729	8,167,186	187,980,737	3163.7%	2301.7%
2042	5,227,166	7,189,556	182,817,683	3497.5%	2542.8%
2044	4,585,049	6,310,400	177,395,615	3869.0%	2811.2%
2045	4,010,061	5,522,599	171,618,377	4279.7%	3107.6%
2046	3,496,859	4,818,974	165,648,954	4737.1%	3437.4%
2047	3,040,641	4,193,053	159,801,834	5255.5%	3811.1%
2048	2,636,670	3,638,416	154,046,577	5842.5%	4233.9%
2048	2,280,155	3,148,546	148,092,465	6494.8%	4703.5%
2050	1,966,286	2,716,923	141,626,256	7202.7%	5212.7%
2050					
2051	1,690,463 1,448,339	2,337,318 2,003,815	134,593,841 127,130,695	7962.0% 8777.7%	5758.5% 6344.4%
2052	1,448,339	2,003,815 1,711,522	119,338,909	9652.8%	6972.7%
2054	1,050,975	1,455,776	111,286,594	10588.9%	7644.5%
2055	889,292	1,232,483	102,899,872	11571.0%	8349.0%
2056	748,501	1,037,876	94,206,288	12586.0%	9076.8%
2057	626,247	868,759	85,352,078	13629.1%	9824.6%
2058	520,165	721,902	76,221,294	14653.3%	10558.4%
2059	429,068	595,699	66,757,281	15558.7%	11206.5%
2060	351,135	487,667	57,099,184	16261.3%	11708.6%
2061	284,951	395,868	47,563,215	16691.7%	12014.9%
2062	229,139	318,418	38,856,139	16957.5%	12202.9%
Total	863,473,276	1,139,975,243	6,947,275,537	804.6%	609.4%

	Earned Premium	Earned Premium		Loss Ratio	Loss Ratio
	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
Past Experience	772,631,601	772,631,601	295,395,542	38.2%	38.2%
Anticipated Experience	863,473,276	1,139,975,243	6,947,275,537	804.6%	609.4%
Lifetime Experience	1,636,104,877	1,912,606,844	7,242,671,078	442.7%	378.7%
Past Experience @4.5%	1,078,926,341	1,078,926,341	369,655,235	34.3%	34.3%
Anticipated Experience @4.5%	574,308,026	746,814,027	2,747,922,850	478.5%	368.0%
Lifetime Experience @4.5%	1,653,234,368	1,825,740,368	3,117,578,085	188.6%	170.8%
Past Experience @5.5%	1,163,911,208.36	1,163,911,208.36	389,096,792.93	33.4%	33.4%
Anticipated Experience @5.5%	533726706.9	691,779,377.54	2,323,721,370.46	435.4%	335.9%
Lifetime Experience @5.5%	1,697,637,915.28	1,855,690,585.91	2,712,818,163.39	159.8%	146.2%

#### Actual and Projected Virginia Experience

			Actual	
Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1997				
1998	88,619	-	=	0.0%
1999	395,233	38,549	38,549	9.8%
2000	884,329	22,910	22,910	2.6%
2001	1,434,579	-	=	0.0%
2002	1,694,546	216,853	216,853	12.8%
2003	1,598,039	520,445	520,445	32.6%
2004	1,571,826	330,827	330,827	21.0%
2005	1,551,861	662,836	739,317	47.6%
2006	1,519,602	277,265	458,889	30.2%
2007	1,496,756	-	=	0.0%
2008	1,483,589	108,780	108,780	7.3%
2009	1,439,167	670,758	1,368,129	95.1%
2010	1,405,568	369,346	807,005	57.4%
2011	1,366,470	136,469	523,111	38.3%
2012	1,346,673	196,531	1,594,788	118.4%
Total	19,276,859	3,551,568	6,729,603	34.9%

Projection					
Projection	Earned Premium	Earned Premium	,	Loss Ratio	Loss Ratio
Year	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
2013	1,310,969	1,315,393	1,315,413	100.3%	100.0%
2014	1,266,019	1,544,865	1,476,388	116.6%	95.6%
2015	1,220,331	1,675,625	1,653,488	135.5%	98.7%
2016	1,173,957	1,614,503	1,848,332	157.4%	114.5%
2017	1,126,932	1,552,276	2,042,598	181.3%	131.6%
2017	1,079,301	1,488,980	2,249,758	208.4%	151.1%
2019	1,031,120	1,424,667	2,467,712	239.3%	173.2%
2020	982,450	1,359,413	2,694,608	274.3%	198.2%
2021	933,389	1,293,353	2,930,607	314.0%	226.6%
2022	884,100	1,226,700	3,176,254	359.3%	258.9%
2023	834,783	1,159,729	3,424,813	410.3%	295.3%
2023	785,638	1,092,721	3,668,006	466.9%	335.7%
2024	736,798			530.0%	380.7%
2025		1,025,884	3,905,250		380.7% 431.0%
2026	688,575	959,650	4,136,124	600.7% 678.8%	431.0% 486.6%
2027	641,129	894,275	4,351,988		
2028	594,713	830,133	4,547,692	764.7%	547.8%
	549,537	767,547	4,720,115	858.9%	615.0%
2030	505,798	706,821	4,869,468	962.7%	688.9%
2031	463,672	648,227	4,993,344	1076.9%	770.3%
2032	423,322	592,017	5,087,872	1201.9%	859.4%
2033	384,914	538,446	5,154,026	1339.0%	957.2%
2034	348,571	487,707	5,185,146	1487.5%	1063.2%
2035	314,380	439,939	5,178,930	1647.3%	1177.2%
2036	282,381	395,209	5,148,855	1823.4%	1302.8%
2037	252,631	353,603	5,093,165	2016.0%	1440.4%
2038	225,140	315,144	5,016,496	2228.2%	1591.8%
2039	199,906	279,832	4,916,368	2459.3%	1756.9%
2040	176,833	247,538	4,787,472	2707.3%	1934.0%
2041	155,830	218,142	4,641,122	2978.3%	2127.6%
2042	136,824	191,537	4,478,420	3273.1%	2338.2%
2043	119,744	167,628	4,314,780	3603.3%	2574.0%
2044	104,450	146,218	4,148,130	3971.4%	2836.9%
2045	90,792	127,098	3,964,757	4366.9%	3119.4%
2046	78,626	110,067	3,767,214	4791.3%	3422.7%
2047	67,862	94,999	3,555,349	5239.1%	3742.5%
2048	58,352	81,686	3,343,876	5730.6%	4093.6%
2049	49,990	69,980	3,140,052	6281.4%	4487.0%
2050	42,664	59,726	2,931,930	6872.1%	4909.0%
2051	36,268	50,771	2,724,503	7512.2%	5366.2%
2052	30,709	42,990	2,510,504	8175.1%	5839.7%
2053	25,889	36,243	2,300,524	8886.1%	6347.6%
2054	21,699	30,377	2,106,460	9707.8%	6934.5%
2055	18,096	25,333	1,925,305	10639.3%	7599.9%
2056	15,000	20,999	1,750,514	11670.3%	8336.2%
2057	12,368	17,314	1,585,415	12818.8%	9156.6%
2058	10,137	14,191	1,430,331	14110.2%	10079.0%
2059	8,259	11,563	1,265,229	15318.9%	10942.3%
2060	6,679	9,351	1,093,564	16372.9%	11695.1%
2061	5,364	7,509	916,875	17094.1%	12210.2%
2062	4,278	5,989	753,375	17610.7%	12579.2%
Total	20,517,170	27,769,908	164,688,514	802.7%	593.0%

	Earned Premium	Earned Premium		Loss Ratio	Loss Ratio
	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
Past Experience	19,276,859	19,276,859	6,729,603	34.9%	34.9%
Anticipated Experience	20,517,170	27,769,908	164,688,514	802.7%	593.0%
Lifetime Experience	39,794,028	47,046,766	171,418,117	430.8%	364.4%
Past Experience @4.5%	26,763,694	26,763,694	8,365,465	31.3%	31.3%
Anticipated Experience @4.5%	13,708,421	18,294,672	67,452,550	492.1%	368.7%
Lifetime Experience @4.5%	40,472,115	45,058,366	75,818,015	187.3%	168.3%
Past Experience @5.5%	28,833,675.59	28,833,675.59	8,794,505.04	30.5%	30.5%
Anticipated Experience @5.5%	12748458.69	16,960,984.54	57,337,733.20	449.8%	338.1%
Lifetime Experience @5.5%	41,582,134.28	45,794,660.13	66,132,238.24	159.0%	144.4%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN CURRENT RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

Age         Benefit Period         40%	ne
30-34         40% </td <td>eriod</td>	eriod
35-39         40% </td <td></td>	
40       40%       40%       40%       40%       40%       40%         41       40%       40%       40%       40%       40%       40%       40%         42       40%       40%       40%       40%       40%       40%       40%       40%         43       40% </td <td></td>	
41       40%       40%       40%       40%       40%       40%         42       40%       40%       40%       40%       40%       40%         43       40%       40%       40%       40%       40%       40%         44       40%       40%       40%       40%       40%       40%         45       40%       40%       40%       40%       40%       40%         46       40%       40%       40%       40%       40%       40%         47       40%       40%       40%       40%       40%       40%         48       40%       40%       40%       40%       40%       40%         49       40%       40%       40%       40%       40%       40%         50       40%       40%       40%       40%       40%       40%         51       40%       40%       40%       40%       40%       40%       40%         52       40%       40%       40%       40%       40%       40%       40%       40%         53       40%       40%       40%       40%       40%       40%       40%     <	
42       40%       40%       40%       40%       40%         43       40%       40%       40%       40%       40%         44       40%       40%       40%       40%       40%         45       40%       40%       40%       40%       40%         46       40%       40%       40%       40%       40%         47       40%       40%       40%       40%       40%         48       40%       40%       40%       40%       40%         49       40%       40%       40%       40%       40%         50       40%       40%       40%       40%       40%         51       40%       40%       40%       40%       40%         51       40%       40%       40%       40%       40%         52       40%       40%       40%       40%       40%       40%         53       40%       40%       40%       40%       40%       40%	
43       40%       40%       40%       40%       40%       40%         44       40%       40%       40%       40%       40%       40%         45       40%       40%       40%       40%       40%       40%       40%         46       40%       40%       40%       40%       40%       40%       40%       40%         47       40% <td></td>	
44       40%       40%       40%       40%       40%         45       40%       40%       40%       40%       40%       40%         46       40%       40%       40%       40%       40%       40%       40%         47       40% </td <td></td>	
45       40%       40%       40%       40%       40%       40%         46       40%       40%       40%       40%       40%       40%       40%         47       40%<	
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73 14% 14% 14% 14% 14% 14%	
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# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN CURRENT RATES

#### SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	39%	39%	40%	39%	40%	40%	
30-34	40%	40%	40%	41%	40%	40%	
35-39	40%	40%	40%	39%	40%	40%	
40	40%	40%	40%	40%	40%	40%	
41	40%	40%	40%	40%	40%	40%	
42	40%	40%	40%	40%	40%	40%	
43	40%	40%	40%	40%	40%	40%	
44	40%	40%	40%	40%	40%	40%	
45	40%	40%	40%	40%	40%	40%	
46	40%	40%	40%	40%	40%	40%	
47	40%	40%	40%	40%	40%	40%	
48	40%	40%	40%	40%	40%	40%	
49	40%	40%	40%	40%	40%	40%	
50	40%	40%	40%	40%	40%	40%	
51	40%	40%	40%	40%	40%	40%	
52	40%	40%	40%	40%	40%	40%	
53	40%	40%	40%	40%	40%	40%	
54	40%	40%	40%	40%	40%	40%	
55	40%	40%	40%	40%	40%	40%	
56	40%	40%	40%	40%	40%	40%	
57	40%	40%	40%	40%	40%	40%	
58	40%	40%	40%	40%	40%	40%	
59	40%	40%	40%	40%	40%	40%	
60	40%	40%	40%	40%	40%	40%	
61	40%	40%	40%	40%	40%	40%	
62	40%	40%	40%	40%	40%	40%	
63	40%	40%	40%	40%	40%	40%	
64	40%	40%	40%	40%	40%	40%	
65	40%	40%	40%	40%	40%	40%	
66	40%	40%	40%	40%	40%	40%	
67	40%	40%	40%	40%	40%	40%	
68	40%	40%	40%	40%	40%	40%	
69	40%	40%	40%	40%	40%	40%	
70	40%	40%	40%	40%	40%	40%	
71	40%	40%	40%	40%	40%	40%	
72	40%	40%	40%	40%	40%	40%	
73	40%	40%	40%	40%	40%	40%	
74	40%	40%	40%	40%	40%	40%	
75	40%	40%	40%	40%	40%	40%	
76	40%	40%	40%	40%	40%	40%	
77	40%	40%	40%	40%	40%	40%	
78	40%	40%	40%	40%	40%	40%	
79	40%	40%	40%	40%	40%	40%	
80	40%	40%	40%	40%	40%	40%	
81	40%	40%	40%	40%	40%	40%	
82	40%	40%	40%	40%	40%	40%	
83	40%	40%	40%	40%	40%	40%	
84	40%	40%	40%	40%	40%	40%	

#### COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN CURRENT RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

30 Day Elimination Period 90 Day Elimination Period 2 Year Lifetime Lifetime 5 Year 2 Year 5 Year Benefit Period Benefit Period Benefit Period Benefit Period Benefit Period Benefit Period

Issue

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40%

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40%

<u>5-</u>		Deliterit r errou	Demerit I errou	Benefit Ferrou	Demeric r errou	Deneme I emou
18-29	40%	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%	40%
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56	40%	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%	40%
58	40%	40%	40% 40%	40%	40%	40%
59	40%	40%		40%	40%	40% 40%
60	40% 40%	40% 40%	40% 40%	40% 40%	40% 40%	40%
61 62	40%	40% 40%	40%	40% 40%	40%	40%
63	40%	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%	40%
73	40%	40%	40%	40%	40%	40%
74	40%	40%	40%	40%	40%	40%
75	40%	40%	40%	40%	40%	40%
76	40%	40%	40%	40%	40%	40%
77	40%	40%	40%	40%	40%	40%
78	40%	40%	40%	40%	40%	40%
79	40%	40%	40%	40%	40%	40%
80	40%	40%	40%	40%	40%	40%
81	40%	40%	40%	40%	40%	40%
82	40%	40%	40%	40%	40%	40%
83	40%	40%	40%	40%	40%	40%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN CURRENT RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	40%	40%	40%	40%	40%	40%	
30-34	40%	40%	40%	40%	40%	40%	
35-39	40%	40%	40%	40%	40%	40%	
40	40%	40%	40%	40%	40%	40%	
41	40%	40%	40%	40%	40%	40%	
42	40%	40%	40%	40%	40%	40%	
43	40%	40%	40%	40%	40%	40%	
44	40%	40%	40%	40%	40%	40%	
45	40%	40%	40%	40%	40%	40%	
46	40%	40%	40%	40%	37%	40%	
47	40%	40%	40%	40%	35%	40%	
48	40%	40%	40%	40%	37%	40%	
49	40%	40%	40%	40%	39%	40%	
50	40%	40%	40%	40%	40%	40%	
51	40%	40%	40%	40%	40%	40%	
52	40%	40%	40%	40%	40%	40%	
53	40%	40%	40%	40%	40%	40%	
54	40%	40%	40%	40%	40%	40%	
55	40%	40%	40%	40%	40%	40%	
56	40%	40%	40%	40%	40%	40%	
50 57	40%	40%	40%	40%	40%	40%	
58	40%	40%	40%	40%	40%	40%	
59	40%	40%	40%	40%	40%	40%	
60	40%	40%	40%	40%	40%	40%	
61	40%	40%	40%	40%	40%	40%	
62	40%	40%	40%	40%	40%	40%	
63	40%	40%	40%	40%	40%	40%	
64	40%	40%	40%	40%	40%	40%	
65	40%	40%	40%	40%	40%	40%	
66	40%	40%	40%	40%	40%	40%	
67	39%	39%	39%	39%	39%	39%	
68	37%	37%	37%	37%	37%	37%	
69	37%	37%	37%	37%	37%	37%	
70	32%	32%	32%	32%	32%	32%	
71	27%	27%	27%	27%	27%	27%	
72	21%	21%	21%	21%	21%	21%	
73	14%	14%	14%	14%	14%	14%	
74	10%	10%	10%	10%	10%	10%	
75	9%	9%	9%	9%	9%	9%	
76	10%	10%	10%	10%	10%	10%	
77	10%	10%	10%	10%	10%	10%	
78	10%	10%	10%	10%	10%	10%	
79	10%	10%	10%	10%	10%	10%	
80	10%	10%	10%	10%	10%	10%	
81	10%	10%	10%	10%	10%	10%	
82	10%	10%	10%	10%	10%	10%	
83	10%	10%	10%	10%	10%	10%	
84	10%	10%	10%	10%	10%	10%	

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN CURRENT RATES

### SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	39%	40%	40%	40%	40%	40%	
30-34	41%	40%	40%	39%	40%	40%	
35-39	40%	40%	40%	40%	40%	40%	
40	40%	40%	40%	40%	40%	40%	
41	40%	40%	40%	40%	40%	40%	
42	40%	40%	40%	40%	40%	40%	
43	40%	40%	40%	40%	40%	40%	
44	40%	40%	40%	40%	40%	40%	
45	40%	40%	40%	40%	40%	40%	
46	40%	40%	40%	40%	40%	40%	
47	40%	40%	40%	40%	40%	40%	
48	40%	40%	40%	40%	40%	40%	
49	40%	40%	40%	40%	40%	40%	
50	40%	40%	40%	40%	40%	40%	
51	40%	40%	40%	40%	40%	40%	
52	40%	40%	40%	40%	40%	40%	
53	40%	40%	40%	40%	40%	40%	
54	40%	40%	40%	40%	40%	40%	
55	40%	40%	40%	40%	40%	40%	
56	40%	40%	40%	40%	40%	40%	
57	40%	40%	40%	40%	40%	40%	
58	40%	40%	40%	40%	40%	40%	
59	40%	40%	40%	40%	40%	40%	
60	40%	40%	40%	40%	40%	40%	
61	40%	40%	40%	40%	40%	40%	
62	40%	40%	40%	40%	40%	40%	
63	40%	40%	40%	40%	40%	40%	
64	40%	40%	40%	40%	40%	40%	
65	40%	40%	40%	40%	40%	40%	
66	40%	40%	40%	40%	40%	40%	
67	40%	40%	40%	40%	40%	40%	
68	40%	40%	40%	40%	40%	40%	
69	40%	40%	40%	40%	40%	40%	
70	40%	40%	40%	40%	40%	40%	
71	40%	40%	40%	40%	40%	40%	
72	40%	40%	40%	40%	40%	40%	
73	40%	40%	40%	40%	40%	40%	
74	40%	40%	40%	40%	40%	40%	
75	40%	40%	40%	40%	40%	40%	
76	40%	40%	40%	40%	40%	40%	
77	40%	40%	40%	40%	40%	40%	
78	40%	40%	40%	40%	40%	40%	
79	40%	40%	40%	40%	40%	40%	
80	40%	40%	40%	40%	40%	40%	
81	40%	40%	40%	40%	40%	40%	
82	40%	40%	40%	40%	40%	40%	
83	40%	40%	40%	40%	40%	40%	
84	40%	40%	40%	40%	40%	40%	

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN CURRENT RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 1	Day Elimination Pe	riod	90 1	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	40%	40%	40%	40%	40%	40%
30-34	40%	40%	40%	40%	40%	40%
35-39	40%	40%	40%	40%	40%	40%
40	40%	40%	40%	40%	40%	40%
41	40%	40%	40%	40%	40%	40%
42	40%	40%	40%	40%	40%	40%
43	40%	40%	40%	40%	40%	40%
44	40%	40%	40%	40%	40%	40%
45	40%	40%	40%	40%	40%	40%
46	40%	40%	40%	40%	40%	40%
47	40%	40%	40%	40%	40%	40%
48	40%	40%	40%	40%	40%	40%
49	40%	40%	40%	40%	40%	40%
50	40%	40%	40%	40%	40%	40%
51	40%	40%	40%	40%	40%	40%
52	40%	40%	40%	40%	40%	40%
53	40%	40%	40%	40%	40%	40%
54	40%	40%	40%	40%	40%	40%
55	40%	40%	40%	40%	40%	40%
56	40%	40%	40%	40%	40%	40%
57	40%	40%	40%	40%	40%	40%
58	40%	40%	40%	40%	40%	40%
59	40%	40%	40%	40%	40%	40%
60	40%	40%	40%	40%	40%	40%
61 62	40% 40%	40% 40%	40% 40%	40% 40%	40% 40%	40% 40%
63	40%	40%	40%	40%	40%	40%
64	40%	40%	40%	40%	40%	40%
65	40%	40%	40%	40%	40%	40%
66	40%	40%	40%	40%	40%	40%
67	40%	40%	40%	40%	40%	40%
68	40%	40%	40%	40%	40%	40%
69	40%	40%	40%	40%	40%	40%
70	40%	40%	40%	40%	40%	40%
71	40%	40%	40%	40%	40%	40%
72	40%	40%	40%	40%	40%	40%
73	40%	40%	40%	40%	40%	40%
74	40%	40%	40%	40%	40%	40%
75	40%	40%	40%	40%	40%	40%
76	40%	40%	40%	40%	40%	40%
77	40%	40%	40%	40%	40%	40%
78	40%	40%	40%	40%	40%	40%
79	40%	40%	40%	40%	40%	40%
80	40%	40%	40%	40%	40%	40%
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# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS CURRENT RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES

## LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.82	\$1.32	\$1.71	\$0.74	\$1.19	\$1.58	
30-34	1.08	1.74	2.26	0.97	1.56	2.08	
35-39	1.40	2.25	2.93	1.26	2.03	2.70	
40	1.58	2.54	3.30	1.42	2.29	3.05	
41	1.65	2.65	3.45	1.48	2.39	3.18	
42	1.73	2.77	3.60	1.55	2.50	3.33	
43	1.83	2.93	3.81	1.64	2.64	3.52	
44	1.93	3.09	4.02	1.73	2.79	3.72	
45	2.03	3.25	4.23	1.82	2.93	3.91	
46	2.13	3.41	4.44	1.91	3.08	4.10	
47	2.26	3.63	4.72	2.03	3.27	4.36	
48	2.37	3.79	4.95	2.12	3.42	4.57	
49	2.47	3.96	5.17	2.22	3.57	4.78	
50	2.58	4.12	5.40	2.31	3.71	4.99	
51	2.68	4.29	5.62	2.41	3.86	5.20	
52	2.79	4.45	5.85	2.50	4.01	5.41	
53	2.92	4.68	6.19	2.62	4.22	5.72	
54	3.06	4.91	6.53	2.74	4.42	6.04	
55	3.19	5.14	6.87	2.86	4.63	6.35	
56	3.35	5.41	7.27	3.01	4.88	6.72	
57	3.55	5.74	7.72	3.19	5.17	7.14	
58	3.78	6.10	8.18	3.40	5.50	7.57	
59	4.04	6.49	8.67	3.63	5.85	8.02	
60	4.32	6.93	9.20	3.88	6.24	8.51	
61	4.63	7.42	9.82	4.16	6.68	9.08	
62	4.98	7.97	10.54	4.48	7.19	9.75	
63	5.34	8.56	11.34	4.80	7.72	10.49	
64	5.71	9.17	12.19	5.13	8.27	11.27	
65	6.13	9.86	13.15	5.51	8.89	12.16	
66	6.63	10.69	14.28	5.96	9.63	13.21	
67	7.24	11.71	15.65	6.51	10.55	14.47	
68	7.96	12.88	17.19	7.15	11.61	15.90	
69	8.75	14.17	18.88	7.86	12.76	17.46	
70	9.64	15.63	20.78	8.67	14.08	19.22	
71	10.68	17.33	22.98	9.60	15.61	21.25	
72	11.87	19.33	25.54	10.67	17.42	23.61	
73	13.53	22.14	29.09	12.16	19.95	26.90	
74	15.19	24.96	32.65	13.65	22.49	30.19	
75	16.84	27.78	36.21	15.14	25.03	33.48	
76	18.50	30.60	39.77	16.63	27.57	36.77	
77	20.16	33.41	43.32	18.12	30.11	40.06	
78	22.72	37.66	48.83	20.42	33.94	45.16	
79	25.28	41.91	54.34	22.72	37.76	50.25	
80	27.84	46.16	59.85	25.03	41.59	55.34	
81	30.41	50.40	65.36	27.33	45.42	60.44	
82	32.97	54.65	70.86	29.64	49.25	65.53	
83	35.53	58.90	76.37	31.94	53.08	70.62	
84	38.09	63.15	81.88	34.24	56.90	75.72	
٠.	50.07	00.10	01.00	J	20.70		

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS CURRENT RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001

## SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.46	\$0.71	\$0.98	\$0.41	\$0.65	\$0.91	
30-34	0.60	0.94	1.29	0.54	0.85	1.20	
35-39	0.78	1.22	1.67	0.71	1.10	1.55	
40	0.88	1.38	1.89	0.80	1.25	1.75	
41	0.92	1.44	1.97	0.83	1.30	1.83	
42	0.96	1.50	2.06	0.87	1.36	1.91	
43	1.02	1.59	2.18	0.92	1.44	2.02	
44	1.07	1.68	2.30	0.97	1.52	2.13	
45	1.13	1.77	2.42	1.02	1.60	2.24	
46	1.19	1.85	2.54	1.07	1.67	2.35	
47	1.26	1.97	2.70	1.14	1.78	2.50	
48	1.33	2.12	2.86	1.20	1.91	2.65	
49	1.40	2.27	3.03	1.26	2.04	2.80	
50	1.46	2.41	3.19	1.33	2.18	2.96	
51	1.53	2.56	3.36	1.39	2.31	3.11	
52	1.60	2.71	3.52	1.45	2.44	3.26	
53	1.69	2.82	3.72	1.53	2.54	3.45	
54	1.78	2.94	3.93	1.61	2.65	3.64	
55	1.87	3.05	4.13	1.69	2.75	3.83	
56	1.97	3.18	4.36	1.77	2.86	4.03	
57	2.06	3.32	4.58	1.85	2.99	4.23	
58	2.13	3.49	4.79	1.91	3.14	4.43	
59	2.19	3.66	4.99	1.97	3.30	4.61	
60	2.26	3.84	5.20	2.03	3.47	4.81	
61	2.35	4.05	5.44	2.12	3.66	5.03	
62	2.48	4.29	5.73	2.22	3.85	5.29	
63	2.65	4.53	6.05	2.38	4.07	5.59	
64	2.85	4.78	6.41	2.57	4.30	5.93	
65	3.08	5.06	6.80	2.77	4.56	6.29	
66	3.32	5.36	7.23	2.98	4.84	6.68	
67	3.58	5.70	7.70	3.21	5.14	7.12	
68	3.82	6.08	8.23	3.44	5.48	7.61	
69	4.08	6.48	8.79	3.67	5.85	8.13	
70	4.36	6.92	9.40	3.91	6.24	8.69	
71	4.64	7.39	10.04	4.17	6.66	9.28	
72	4.97	7.89	10.72	4.47	7.10	9.92	
73	5.37	8.49	11.51	4.83	7.65	10.65	
74	5.77	9.08	12.30	5.19	8.18	11.37	
75	6.18	9.67	13.08	5.55	8.71	12.10	
76	6.58	10.26	13.87	5.91	9.25	12.83	
77	6.98	10.86	14.66	6.27	9.78	13.56	
78	7.28	11.29	15.28	6.55	10.17	14.12	
79	7.59	11.72	15.90	6.83	10.56	14.70	
80	7.90	12.15	16.52	7.10	10.95	15.28	
81	8.20	12.59	17.14	7.37	11.34	15.85	
82	8.51	13.02	17.77	7.64	11.72	16.43	
83	8.82	13.45	18.39	7.92	12.11	17.00	
84	9.12	13.88	19.01	8.20	12.51	17.57	
07	7.12	15.00	17.01	0.20	1 1	11.51	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS CURRENT RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001

COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$1.00	\$1.52	\$1.98	\$0.90	\$1.37	\$1.84	
30-34	1.31	2.01	2.61	1.19	1.81	2.42	
35-39	1.71	2.60	3.39	1.54	2.34	3.14	
40	1.93	2.94	3.83	1.74	2.65	3.54	
41	2.01	3.07	3.99	1.81	2.76	3.69	
42	2.10	3.21	4.18	1.89	2.89	3.86	
43	2.22	3.39	4.42	2.00	3.05	4.09	
44	2.34	3.58	4.66	2.11	3.22	4.31	
45	2.47	3.77	4.90	2.22	3.39	4.54	
46	2.59	3.95	5.15	2.33	3.56	4.76	
47	2.75	4.20	5.47	2.48	3.78	5.06	
48	2.81	4.34	5.70	2.53	3.91	5.28	
49	2.87	4.49	5.94	2.58	4.04	5.49	
50	2.92	4.63	6.17	2.64	4.17	5.71	
51	2.98	4.78	6.41	2.69	4.30	5.92	
52	3.04	4.92	6.64	2.74	4.43	6.14	
53	3.13	5.07	6.84	2.82	4.57	6.32	
54	3.23	5.23	7.03	2.91	4.71	6.51	
55	3.32	5.38	7.23	2.99	4.85	6.69	
56	3.43	5.55	7.44	3.09	5.00	6.88	
57	3.53	5.72	7.66	3.18	5.16	7.08	
58	3.62	5.88	7.91	3.26	5.30	7.31	
59	3.70	6.04	8.14	3.32	5.44	7.53	
60	3.78	6.20	8.41	3.40	5.59	7.77	
61	3.90	6.39	8.69	3.50	5.77	8.04	
62	4.04	6.65	9.04	3.63	5.98	8.35	
63	4.24	6.96	9.41	3.81	6.26	8.70	
64	4.46	7.31	9.82	4.01	6.58	9.09	
65	4.71	7.70	10.27	4.23	6.94	9.50	
66	4.98	8.11	10.76	4.47	7.31	9.94	
67	5.26	8.53	11.28	4.73	7.69	10.43	
68	5.55	8.96	11.84	4.99	8.07	10.95	
69	5.85	9.40	12.44	5.27	8.48	11.51	
70	6.18	9.87	13.08	5.55	8.89	12.10	
71	6.50	10.35	13.75	5.84	9.33	12.72	
72	6.86	10.86	14.46	6.16	9.79	13.38	
73	7.25	11.45	15.27	6.52	10.32	14.12	
74	7.64	12.03	16.07	6.87	10.84	14.86	
75	8.04	12.61	16.87	7.22	11.37	15.61	
76	8.43	13.19	17.67	7.58	11.89	16.35	
77	8.82	13.78	18.49	7.93	12.41	17.09	
78	9.03	14.04	18.89	8.12	12.65	17.46	
79	9.25	14.31	19.30	8.32	12.90	17.84	
80	9.46	14.58	19.70	8.50	13.14	18.22	
81	9.67	14.85	20.11	8.69	13.38	18.60	
82	9.88	15.12	20.52	8.88	13.62	18.98	
83	10.09	15.39	20.93	9.07	13.86	19.36	
84	10.31	15.65	21.34	9.26	14.11	19.73	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### CURRENT RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.70	\$1.12	\$1.45	\$0.63	\$1.01	\$1.34	
30-34	0.92	1.48	1.92	0.82	1.33	1.77	
35-39	1.19	1.91	2.49	1.07	1.73	2.30	
40	1.34	2.16	2.81	1.21	1.95	2.59	
41	1.40	2.25	2.93	1.26	2.03	2.70	
42	1.47	2.36	3.06	1.32	2.13	2.83	
43	1.56	2.49	3.24	1.39	2.25	2.99	
44	1.64	2.63	3.42	1.47	2.37	3.16	
45	1.73	2.76	3.60	1.55	2.49	3.33	
46	1.81	2.90	3.78	1.62	2.62	3.49	
47	1.92	3.09	4.01	1.73	2.78	3.71	
48	2.02	3.22	4.21	1.80	2.91	3.89	
49	2.10	3.37	4.40	1.89	3.04	4.07	
50	2.19	3.50	4.59	1.96	3.16	4.24	
51	2.28	3.65	4.78	2.05	3.28	4.42	
52	2.37	3.78	4.98	2.13	3.41	4.60	
53	2.48	3.98	5.26	2.23	3.59	4.86	
54	2.60	4.18	5.55	2.33	3.76	5.14	
55	2.71	4.37	5.84	2.43	3.94	5.40	
56	2.85	4.60	6.18	2.56	4.15	5.72	
57	3.02	4.88	6.57	2.71	4.40	6.07	
58	3.21	5.19	6.96	2.89	4.68	6.44	
59	3.44	5.52	7.37	3.09	4.98	6.82	
60	3.67	5.89	7.82	3.30	5.31	7.24	
61	3.94	6.31	8.35	3.54	5.68	7.72	
62	4.24	6.78	8.96	3.81	6.11	8.29	
63	4.54	7.28	9.64	4.08	6.57	8.92	
64	4.86	7.80	10.37	4.36	7.03	9.58	
65	5.21	8.39	11.18	4.69	7.56	10.34	
66	5.64	9.09	12.14	5.07	8.19	11.23	
67	6.16	9.96	13.31	5.54	8.97	12.31	
68	6.77	10.95	14.62	6.08	9.87	13.52	
69	7.44	12.05	16.06	6.68	10.85	14.85	
70	8.20	13.29	17.67	7.37	11.97	16.35	
71	9.08	14.74	19.54	8.16	13.28	18.07	
72	10.10	16.44	21.72	9.07	14.82	20.08	
73	11.51	18.83	24.74	10.34	16.97	22.88	
74	12.92	21.23	27.77	11.61	19.13	25.68	
75	14.32	23.63	30.80	12.88	21.29	28.47	
76	15.73	26.02	33.82	14.14	23.45	31.27	
77	17.15	28.41	36.84	15.41	25.61	34.07	
78	19.32	32.03	41.53	17.37	28.86	38.41	
79	21.50	35.64	46.21	19.32	32.11	42.74	
80	23.68	39.26	50.90	21.29	35.37	47.06	
81	25.86	42.86	55.59	23.24	38.63	51.40	
82	28.04	46.48	60.26	25.21	41.89	55.73	
83	30.22	50.09	64.95	27.16	45.14	60.06	
0.4	22.20	52.71	60.64	20.12	40.20	64.40	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

32.39

84

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

53.71

69.64

Table A01 Page 4

48.39

64.40

29.12

### STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

### BLOOMINGTON, ILLINOIS

#### CURRENT RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.39	\$0.60	\$0.83	\$0.35	\$0.55	\$0.77	
30-34	0.51	0.80	1.10	0.46	0.72	1.02	
35-39	0.66	1.04	1.42	0.60	0.94	1.32	
40	0.75	1.17	1.61	0.68	1.06	1.49	
41	0.78	1.22	1.68	0.71	1.11	1.56	
42	0.82	1.28	1.75	0.74	1.16	1.62	
43	0.87	1.35	1.85	0.78	1.22	1.72	
44	0.91	1.43	1.96	0.82	1.29	1.81	
45	0.96	1.51	2.06	0.87	1.36	1.91	
46	1.01	1.57	2.16	0.91	1.42	2.00	
47	1.07	1.68	2.30	0.97	1.51	2.13	
48	1.13	1.80	2.43	1.02	1.62	2.25	
49	1.19	1.93	2.58	1.07	1.73	2.38	
50	1.24	2.05	2.71	1.13	1.85	2.52	
51	1.30	2.18	2.86	1.18	1.96	2.64	
52	1.36	2.30	2.99	1.23	2.08	2.77	
53	1.44	2.40	3.16	1.30	2.16	2.93	
54	1.51	2.50	3.34	1.37	2.25	3.10	
55	1.59	2.59	3.51	1.44	2.34	3.26	
56	1.68	2.70	3.71	1.51	2.43	3.43	
57	1.75	2.82	3.90	1.57	2.54	3.60	
58	1.81	2.97	4.07	1.62	2.67	3.77	
59	1.86	3.11	4.24	1.68	2.81	3.92	
60	1.92	3.27	4.42	1.73	2.95	4.09	
61	2.00	3.44	4.63	1.80	3.11	4.28	
62	2.11	3.65	4.87	1.89	3.27	4.50	
63	2.25	3.85	5.15	2.02	3.46	4.75	
64	2.42	4.07	5.45	2.19	3.66	5.04	
65	2.62	4.30	5.78	2.36	3.88	5.35	
66	2.82	4.56	6.15	2.53	4.12	5.68	
67	3.04	4.85	6.55	2.73	4.37	6.06	
68	3.25	5.17	7.00	2.93	4.66	6.47	
69	3.47	5.51	7.48	3.12	4.98	6.91	
70	3.71	5.89	7.99	3.33	5.31	7.39	
71	3.95	6.28	8.54	3.55	5.66	7.89	
72	4.23	6.71	9.12	3.80	6.04	8.44	
73	4.57	7.22	9.79	4.11	6.51	9.06	
74	4.91	7.72	10.46	4.41	6.96	9.67	
75	5.26	8.22	11.12	4.72	7.41	10.29	
76	5.60	8.73	11.80	5.03	7.87	10.91	
77	5.94	9.24	12.47	5.33	8.32	11.53	
78	6.19	9.60	13.00	5.57	8.65	12.01	
79	6.46	9.97	13.52	5.81	8.98	12.50	
80	6.72	10.33	14.05	6.04	9.31	13.00	
81	6.97	10.71	14.58	6.27	9.64	13.48	
82	7.24	11.07	15.11	6.50	9.97	13.46	
83	7.50	11.44	15.64	6.74	10.30	14.46	
84	7.76	11.44	16.17	6.97	10.64	14.46	
04	7.70	11.00	10.17	0.77	10.04	14.74	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS CURRENT RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001

## COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.85	\$1.29	\$1.68	\$0.77	\$1.17	\$1.56	
30-34	1.11	1.71	2.22	1.01	1.54	2.06	
35-39	1.45	2.21	2.88	1.31	1.99	2.67	
40	1.64	2.50	3.26	1.48	2.25	3.01	
41	1.71	2.61	3.39	1.54	2.35	3.14	
42	1.79	2.73	3.55	1.61	2.46	3.28	
43	1.89	2.88	3.76	1.70	2.59	3.48	
44	1.99	3.04	3.96	1.79	2.74	3.67	
45	2.10	3.21	4.17	1.89	2.88	3.86	
46	2.20	3.36	4.38	1.98	3.03	4.05	
47	2.34	3.57	4.65	2.11	3.21	4.30	
48	2.39	3.69	4.85	2.15	3.33	4.49	
49	2.44	3.82	5.05	2.19	3.44	4.67	
50	2.48	3.94	5.25	2.25	3.55	4.86	
51	2.53	4.07	5.45	2.29	3.66	5.03	
52	2.59	4.18	5.65	2.33	3.77	5.22	
53	2.66	4.31	5.82	2.40	3.89	5.37	
54	2.75	4.45	5.98	2.47	4.01	5.54	
55	2.82	4.58	6.15	2.54	4.12	5.69	
56	2.92	4.72	6.33	2.63	4.25	5.85	
57	3.00	4.86	6.51	2.70	4.39	6.02	
58	3.08	5.00	6.73	2.77	4.51	6.22	
59	3.15	5.14	6.92	2.82	4.63	6.40	
60	3.21	5.27	7.15	2.89	4.75	6.61	
61	3.32	5.43	7.39	2.98	4.91	6.84	
62	3.44	5.66	7.69	3.09	5.09	7.10	
63	3.61	5.92	8.00	3.24	5.32	7.40	
64	3.79	6.22	8.35	3.41	5.60	7.73	
65	4.01	6.55	8.73	3.60	5.90	8.08	
66	4.24	6.90	9.15	3.80	6.22	8.45	
67	4.47	7.25	9.59	4.02	6.54	8.87	
68	4.72	7.62	10.07	4.24	6.86	9.31	
69	4.98	7.99	10.58	4.48	7.21	9.79	
70	5.26	8.39	11.12	4.72	7.56	10.29	
70	5.53	8.80	11.69	4.97	7.93	10.82	
72	5.83	9.24	12.30	5.24	8.33	11.38	
73	6.17	9.74	12.99	5.55	8.78	12.01	
74	6.50	10.23	13.67	5.84	9.22	12.64	
75	6.84	10.72	14.35	6.14	9.67	13.28	
76	7.17	11.22	15.03	6.45	10.11	13.91	
77	7.50	11.72	15.73	6.74	10.55	14.53	
78	7.68	11.94	16.07	6.91	10.76	14.85	
78 79	7.87	12.17	16.41	7.08	10.76	15.17	
80	8.05	12.17	16.75	7.08	11.18	15.50	
81	8.22	12.63	17.10	7.25	11.18	15.82	
82	8.40	12.86	17.45	7.55	11.58	16.14	
83	8.58	13.09	17.43	7.33 7.71	11.79	16.47	
84	8.77	13.31	18.15	7.71	12.00	16.78	
04	0.77	13.31	10.13	7.00	12.00	10.76	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

### CURRENT RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.90	\$1.46	\$1.91	\$0.81	\$1.31	\$1.76	
30-34	\$1.19	\$1.93	\$2.52	\$1.07	\$1.74	\$2.34	
35-39	\$1.54	\$2.50	\$3.26	\$1.38	\$2.25	\$3.02	
40	\$1.73	\$2.82	\$3.68	\$1.56	\$2.54	\$3.41	
41	\$1.82	\$2.95	\$3.85	\$1.63	\$2.66	\$3.57	
42	\$1.89	\$3.07	\$4.01	\$1.70	\$2.77	\$3.72	
43	\$2.00	\$3.25	\$4.25	\$1.80	\$2.93	\$3.93	
44	\$2.11	\$3.43	\$4.48	\$1.90	\$3.09	\$4.15	
45	\$2.22	\$3.61	\$4.71	\$2.00	\$3.25	\$4.36	
46	\$2.33	\$3.79	\$4.95	\$2.10	\$3.41	\$4.58	
47	\$2.48	\$4.03	\$5.26	\$2.23	\$3.63	\$4.87	
48	\$2.61	\$4.22	\$5.52	\$2.34	\$3.80	\$5.11	
49	\$2.73	\$4.41	\$5.78	\$2.46	\$3.98	\$5.35	
50	\$2.86	\$4.61	\$6.03	\$2.57	\$4.15	\$5.58	
51	\$2.98	\$4.80	\$6.29	\$2.69	\$4.33	\$5.82	
52	\$3.11	\$4.99	\$6.55	\$2.80	\$4.50	\$6.06	
53	\$3.26	\$5.23	\$6.90	\$2.93	\$4.71	\$6.38	
54	\$3.41	\$5.48	\$7.28	\$3.06	\$4.94	\$6.73	
55	\$3.57	\$5.76	\$7.69	\$3.21	\$5.19	\$7.11	
56	\$3.76	\$6.08	\$8.14	\$3.38	\$5.47	\$7.53	
57	\$3.99	\$6.45	\$8.65	\$3.58	\$5.81	\$8.00	
58	\$4.25	\$6.86	\$9.19	\$3.82	\$6.18	\$8.50	
59	\$4.54	\$7.31	\$9.75	\$4.08	\$6.59	\$9.02	
60	\$4.86	\$7.81	\$10.38	\$4.37	\$7.04	\$9.60	
61	\$5.22	\$8.38	\$11.09	\$4.69	\$7.55	\$10.26	
62	\$5.62	\$9.02	\$11.93	\$5.05	\$8.13	\$11.03	
63	\$6.02	\$9.68	\$12.82	\$5.41	\$8.72	\$11.86	
64	\$6.42	\$10.35	\$13.76	\$5.77	\$9.33	\$12.73	
65	\$6.87	\$11.11	\$14.83	\$6.18	\$10.02	\$13.71	
66	\$7.44	\$12.06	\$16.12	\$6.69	\$10.87	\$14.91	
67	\$8.19	\$13.27	\$17.72	\$7.36	\$11.95	\$16.39	
68	\$9.09	\$14.69	\$19.59	\$8.17	\$13.24	\$18.11	
69	\$10.11	\$16.29	\$21.65	\$9.09	\$14.68	\$20.02	
70	\$11.28	\$18.11	\$23.99	\$10.14	\$16.32	\$22.19	
71 72	\$12.60	\$20.22	\$26.69	\$11.33	\$18.22	\$24.68	
	\$14.10	\$22.67	\$29.81	\$12.68	\$20.42	\$27.56	
73 74	\$16.12	\$26.07	\$34.11 \$38.41	\$14.49	\$23.49	\$31.54 \$35.52	
74 75	\$18.13	\$29.48		\$16.30	\$26.56		
75 76	\$20.14 \$22.15	\$32.88 \$36.29	\$42.71 \$47.01	\$18.10 \$19.91	\$29.63 \$32.70	\$39.49 \$43.47	
70 77	\$24.17	\$39.69	\$51.31	\$21.72	\$32.70 \$35.76	\$43.47 \$47.45	
78	\$27.24	\$39.69 \$44.74	\$51.51 \$57.83	\$21.72 \$24.48	\$33.76 \$40.31	\$47.43 \$53.48	
78 79				\$24.48 \$27.25			
79 80	\$30.31 \$33.38	\$49.78 \$54.83	\$64.36 \$70.88	\$27.25 \$30.01	\$44.86 \$40.41	\$59.51 \$65.54	
80 81	\$33.38 \$36.46	\$54.85 \$59.88	\$70.88 \$77.40	\$30.01 \$32.77	\$49.41 \$53.95	\$65.54 \$71.58	
82	\$39.53	\$39.88 \$64.92	\$83.93	\$32.77 \$35.53	\$53.95 \$58.50		
			\$83.93 \$90.45			\$77.61 \$83.64	
83 84	\$42.60 \$45.68	\$69.97 \$75.01		\$38.29 \$41.06	\$63.05 \$67.60	\$83.64 \$89.67	
04	\$45.68	\$75.01	\$96.97	\$41.06	\$67.60	\$07.0/	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## CURRENT RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 STANDARD RATE PER \$1 OF DAILY BENEFIT

Second   Page		30 D	ay Elimination P	eriod	90 D	ay Elimination P	eriod
18-29   \$0.56   \$0.94   \$1.32   \$0.50   \$0.85   \$1.22   \$30-34   \$0.74   \$1.24   \$1.74   \$0.66   \$1.12   \$1.60   \$35-39   \$0.95   \$1.60   \$52.25   \$0.85   \$1.45   \$52.08   \$40   \$1.08   \$1.81   \$2.54   \$0.97   \$1.64   \$2.35   \$41   \$1.13   \$1.89   \$2.65   \$1.01   \$1.71   \$2.45   \$42   \$1.18   \$1.98   \$2.77   \$1.05   \$1.79   \$2.56   \$43   \$1.24   \$2.09   \$2.93   \$1.12   \$1.89   \$2.71   \$45   \$45   \$1.38   \$2.23   \$33.09   \$1.18   \$1.99   \$2.51   \$45   \$1.38   \$2.23   \$33.25   \$1.24   \$2.10   \$3.00   \$45   \$46   \$1.45   \$2.23   \$3.25   \$1.24   \$2.10   \$3.00   \$46   \$1.45   \$2.23   \$3.35   \$41.4   \$1.30   \$2.20   \$3.15   \$47   \$1.54   \$2.59   \$3.63   \$1.38   \$2.34   \$3.35   \$48   \$1.61   \$2.73   \$3.79   \$1.44   \$2.47   \$3.49   \$49   \$1.68   \$2.87   \$3.94   \$1.50   \$2.59   \$3.64   \$51.81   \$3.14   \$3.20   \$4.10   \$1.57   \$2.72   \$3.78   \$51   \$1.81   \$3.30   \$4.41   \$1.50   \$2.25   \$3.64   \$51.81   \$3.30   \$4.41   \$1.50   \$2.25   \$3.64   \$52.87   \$3.94   \$1.50   \$2.59   \$3.64   \$52.87   \$3.94   \$1.50   \$2.59   \$3.64   \$52.87   \$3.94   \$1.50   \$2.59   \$3.64   \$3.93   \$51.81   \$3.10   \$3.20   \$4.10   \$1.57   \$2.72   \$3.78   \$51   \$1.81   \$3.10   \$4.25   \$1.63   \$2.84   \$3.93   \$51.81   \$3.10   \$3.45   \$4.63   \$1.77   \$3.11   \$4.28   \$3.93   \$3.197   \$3.45   \$4.63   \$1.77   \$3.11   \$4.28   \$3.93   \$3.197   \$3.45   \$4.63   \$1.77   \$3.11   \$4.28   \$3.93   \$3.197   \$3.45   \$4.63   \$1.77   \$3.11   \$4.28   \$3.93   \$3.197   \$3.45   \$4.63   \$3.77   \$3.23   \$4.51   \$3.66   \$5.23   \$3.88   \$5.43   \$2.06   \$3.50   \$5.00   \$5.71   \$2.10   \$3.66   \$5.28   \$3.80   \$3.44   \$3.93   \$3.44   \$3.93   \$3.44   \$3.93   \$3.44   \$3.93   \$3.45   \$	Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
30-34   \$0.74   \$1.24   \$1.74   \$0.66   \$1.12   \$1.60   \$3.539   \$0.95   \$1.60   \$5.25   \$0.85   \$1.45   \$2.08   \$40   \$1.08   \$1.81   \$2.54   \$0.97   \$1.64   \$2.35   \$41   \$1.13   \$1.89   \$2.65   \$1.01   \$1.71   \$2.45   \$42   \$1.18   \$1.98   \$2.67   \$1.05   \$1.79   \$2.56   \$43   \$1.24   \$2.09   \$2.93   \$1.12   \$1.89   \$2.71   \$44   \$1.31   \$2.21   \$3.09   \$1.18   \$1.99   \$2.85   \$45	<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
\$35.39	18-29	\$0.56	\$0.94	\$1.32	\$0.50	\$0.85	\$1.22
40 \$1.08 \$1.81 \$2.54 \$0.97 \$1.64 \$2.35 \$1.01 \$1.71 \$2.45 \$1.28 \$1.18 \$1.98 \$2.77 \$1.05 \$1.79 \$2.26 \$1.24 \$2.09 \$2.93 \$1.12 \$1.89 \$2.71 \$1.05 \$1.79 \$2.26 \$1.33 \$1.24 \$2.09 \$2.93 \$1.12 \$1.89 \$2.71 \$1.05 \$1.79 \$2.26 \$1.38 \$1.24 \$2.09 \$2.93 \$1.12 \$1.89 \$2.71 \$1.05 \$1.79 \$2.26 \$1.38 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.38 \$2.32 \$3.25 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.24 \$2.10 \$3.00 \$1.18 \$1.99 \$2.85 \$1.24 \$2.10 \$3.00 \$1.18 \$1.90 \$1.05 \$1.	30-34	\$0.74	\$1.24		\$0.66	\$1.12	\$1.60
41         \$1.18         \$1.89         \$2.65         \$1.01         \$1.71         \$2.45           42         \$1.18         \$1.98         \$2.77         \$1.05         \$1.79         \$2.56           43         \$1.24         \$2.09         \$2.93         \$1.12         \$1.89         \$2.271           44         \$1.31         \$2.21         \$3.09         \$1.18         \$1.99         \$2.85           45         \$1.38         \$2.32         \$3.25         \$1.24         \$2.10         \$3.00           46         \$1.45         \$2.43         \$3.41         \$1.30         \$2.20         \$3.15           47         \$1.54         \$2.59         \$3.63         \$1.38         \$2.34         \$3.35           48         \$1.61         \$2.73         \$3.79         \$1.44         \$2.47         \$3.49           \$1.68         \$2.87         \$3.94         \$1.50         \$2.59         \$3.64           \$0         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           \$1         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           \$1         \$1.81         \$3.19         \$4.25         \$1.63<	35-39	\$0.95	\$1.60	\$2.25	\$0.85	\$1.45	\$2.08
42         \$1.18         \$1.98         \$2.77         \$1.05         \$1.79         \$2.56           43         \$1.24         \$2.09         \$2.93         \$1.12         \$1.89         \$2.71           44         \$1.31         \$2.21         \$3.09         \$1.18         \$1.99         \$2.85           45         \$1.38         \$2.32         \$3.25         \$1.24         \$2.10         \$3.00           46         \$1.45         \$2.43         \$3.41         \$1.30         \$2.20         \$3.15           47         \$1.54         \$2.259         \$3.63         \$1.38         \$2.24         \$3.49           48         \$1.61         \$2.73         \$3.79         \$1.44         \$2.47         \$3.49           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           52         \$1.88         \$3.30         \$4.41         \$1.69         \$2.94         \$3.79           \$3         \$1.97         \$3.45         \$4.63 <td>40</td> <td>\$1.08</td> <td>\$1.81</td> <td>\$2.54</td> <td>\$0.97</td> <td>\$1.64</td> <td>\$2.35</td>	40	\$1.08	\$1.81	\$2.54	\$0.97	\$1.64	\$2.35
43         \$1.24         \$2.09         \$2.93         \$1.12         \$1.89         \$2.71           44         \$1.31         \$2.21         \$3.09         \$1.18         \$1.99         \$2.25           45         \$1.38         \$2.32         \$3.25         \$1.24         \$2.10         \$3.00           46         \$1.45         \$2.43         \$3.41         \$1.30         \$2.20         \$3.15           47         \$1.54         \$2.59         \$3.63         \$1.38         \$2.37         \$3.35           48         \$1.61         \$2.73         \$3.79         \$1.44         \$2.47         \$3.49           49         \$1.68         \$2.87         \$3.94         \$1.50         \$2.59         \$3.64           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           \$1         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           \$2         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           \$3         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           \$4         \$2.19         \$3.72         \$5.15	41	\$1.13	\$1.89	\$2.65	\$1.01	\$1.71	\$2.45
44         \$1.31         \$2.21         \$3.09         \$1.18         \$1.99         \$2.85           45         \$1.38         \$2.32         \$3.25         \$1.24         \$2.10         \$3.00           46         \$1.45         \$2.43         \$3.41         \$1.30         \$2.20         \$3.15           47         \$1.54         \$2.59         \$3.63         \$1.38         \$2.34         \$3.35           48         \$1.61         \$2.73         \$3.79         \$1.44         \$2.47         \$3.49           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           51         \$1.81         \$3.16         \$4.25         \$1.69         \$2.97         \$4.07           53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           \$4         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           \$4         \$2.07         \$3.58         \$4.88	42	\$1.18	\$1.98	\$2.77	\$1.05	\$1.79	\$2.56
45 \$1.38 \$2.32 \$3.25 \$1.24 \$2.10 \$3.00 \$46 \$1.45 \$2.43 \$3.41 \$1.30 \$2.20 \$3.15 \$47 \$1.54 \$2.59 \$3.63 \$1.38 \$2.34 \$3.35 \$48 \$1.61 \$2.73 \$3.79 \$1.44 \$2.47 \$3.49 \$49 \$1.68 \$2.87 \$3.94 \$1.50 \$2.59 \$3.64 \$50 \$1.74 \$3.00 \$4.10 \$1.57 \$2.72 \$3.78 \$51 \$1.81 \$3.16 \$4.25 \$1.63 \$2.84 \$3.93 \$52 \$1.88 \$3.30 \$4.41 \$1.69 \$2.97 \$4.07 \$3.11 \$4.28 \$4.63 \$1.77 \$3.11 \$4.28 \$4.51 \$51 \$1.81 \$3.36 \$4.25 \$1.63 \$2.84 \$3.93 \$52 \$1.88 \$3.30 \$4.41 \$1.69 \$2.97 \$4.07 \$3.11 \$4.28 \$4.63 \$1.77 \$3.11 \$4.28 \$4.63 \$1.77 \$3.11 \$4.28 \$4.55 \$1.63 \$2.24 \$3.23 \$4.51 \$55 \$2.19 \$3.72 \$5.15 \$1.96 \$3.36 \$4.76 \$55 \$2.19 \$3.72 \$5.15 \$1.96 \$3.36 \$4.76 \$56 \$2.30 \$3.88 \$5.43 \$2.06 \$3.36 \$5.28 \$4.76 \$56 \$2.30 \$3.88 \$5.43 \$2.20 \$4.06 \$5.71 \$2.16 \$3.66 \$5.28 \$58 \$2.49 \$4.27 \$5.98 \$2.24 \$3.85 \$5.53 \$5.90 \$2.26 \$4.40 \$6.25 \$1.23 \$4.51 \$3.24 \$4.27 \$6.03 \$4.76 \$6.25 \$2.30 \$4.05 \$5.78 \$6.00 \$2.24 \$4.44 \$6.53 \$2.37 \$4.27 \$6.03 \$6.32 \$6.25 \$2.30 \$4.05 \$5.78 \$6.00 \$2.24 \$4.74 \$6.53 \$2.37 \$4.27 \$6.03 \$6.32 \$	43	\$1.24	\$2.09	\$2.93	\$1.12	\$1.89	\$2.71
46         \$1.45         \$2.43         \$3.41         \$1.30         \$2.20         \$3.15           47         \$1.54         \$2.59         \$3.63         \$1.38         \$2.47         \$3.49           48         \$1.61         \$2.73         \$3.79         \$1.44         \$2.47         \$3.49           49         \$1.68         \$2.87         \$3.94         \$1.50         \$2.59         \$3.64           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           52         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           \$7         \$2.40         \$4.06         \$5.71	44	\$1.31	\$2.21	\$3.09	\$1.18	\$1.99	\$2.85
47         \$1.54         \$2.59         \$3.63         \$1.38         \$2.34         \$3.35           48         \$1.61         \$2.73         \$3.79         \$1.44         \$2.47         \$3.49           49         \$1.68         \$2.87         \$3.94         \$1.50         \$2.59         \$3.64           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           \$1         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           \$2         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           \$3         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           \$4         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           \$5         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           \$6         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           \$7         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           \$8         \$2.49         \$4.27         \$5.98	45	\$1.38	\$2.32	\$3.25	\$1.24	\$2.10	\$3.00
48         \$1.61         \$2.73         \$3.79         \$1.44         \$2.47         \$3.49           49         \$1.68         \$2.87         \$3.94         \$1.50         \$2.59         \$3.64           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           52         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.24         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.240         \$4.05         \$6.25 <td>46</td> <td>\$1.45</td> <td>\$2.43</td> <td>\$3.41</td> <td>\$1.30</td> <td>\$2.20</td> <td>\$3.15</td>	46	\$1.45	\$2.43	\$3.41	\$1.30	\$2.20	\$3.15
49         \$1.68         \$2.87         \$3.94         \$1.50         \$2.59         \$3.64           50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           52         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           \$5         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           \$6         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           \$7         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           \$8         \$2.24         \$4.27         \$5.98         \$2.24         \$3.85         \$5.33           \$9         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           \$0         \$2.64         \$4.74         \$6.53	47	\$1.54	\$2.59	\$3.63	\$1.38	\$2.34	\$3.35
50         \$1.74         \$3.02         \$4.10         \$1.57         \$2.72         \$3.78           51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           52         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84	48	\$1.61	\$2.73	\$3.79	\$1.44	\$2.47	\$3.49
51         \$1.81         \$3.16         \$4.25         \$1.63         \$2.84         \$3.93           52         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21	49	\$1.68	\$2.87	\$3.94	\$1.50	\$2.59	\$3.64
52         \$1.88         \$3.30         \$4.41         \$1.69         \$2.97         \$4.07           53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64	50	\$1.74	\$3.02	\$4.10	\$1.57	\$2.72	\$3.78
53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09	51	\$1.81	\$3.16	\$4.25	\$1.63	\$2.84	\$3.93
53         \$1.97         \$3.45         \$4.63         \$1.77         \$3.11         \$4.28           54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.24         \$4.05         \$5.78         \$6.25         \$2.30         \$4.05         \$5.78           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.24         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92	52		\$3.30	\$4.41			\$4.07
54         \$2.07         \$3.58         \$4.88         \$1.87         \$3.23         \$4.51           55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59	53						
55         \$2.19         \$3.72         \$5.15         \$1.96         \$3.36         \$4.76           56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15							
56         \$2.30         \$3.88         \$5.43         \$2.06         \$3.50         \$5.02           57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78	55	\$2.19				\$3.36	\$4.76
57         \$2.40         \$4.06         \$5.71         \$2.16         \$3.66         \$5.28           58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46 <td>56</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	56						
58         \$2.49         \$4.27         \$5.98         \$2.24         \$3.85         \$5.53           59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20 <td>57</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	57						
59         \$2.56         \$4.50         \$6.25         \$2.30         \$4.05         \$5.78           60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01<							
60         \$2.64         \$4.74         \$6.53         \$2.37         \$4.27         \$6.03           61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.8							
61         \$2.74         \$4.99         \$6.84         \$2.46         \$4.50         \$6.32           62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13	60	\$2.64	\$4.74				
62         \$2.88         \$5.28         \$7.21         \$2.59         \$4.76         \$6.67           63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85	61		\$4.99				
63         \$3.06         \$5.59         \$7.64         \$2.76         \$5.04         \$7.06           64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         <							
64         \$3.29         \$5.92         \$8.09         \$2.95         \$5.33         \$7.48           65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55	63	\$3.06	\$5.59	\$7.64		\$5.04	\$7.06
65         \$3.54         \$6.28         \$8.59         \$3.18         \$5.65         \$7.95           66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39		\$3.29		\$8.09			
66         \$3.81         \$6.66         \$9.15         \$3.42         \$6.00         \$8.46           67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25 <td>65</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	65						
67         \$4.07         \$7.10         \$9.78         \$3.66         \$6.41         \$9.04           68         \$4.35         \$7.60         \$10.46         \$3.91         \$6.84         \$9.67           69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.9							
69         \$4.64         \$8.12         \$11.20         \$4.17         \$7.31         \$10.36           70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89 <t< td=""><td>67</td><td>\$4.07</td><td>\$7.10</td><td>\$9.78</td><td>\$3.66</td><td>\$6.41</td><td>\$9.04</td></t<>	67	\$4.07	\$7.10	\$9.78	\$3.66	\$6.41	\$9.04
70         \$4.93         \$8.69         \$12.01         \$4.43         \$7.83         \$11.10           71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20	68	\$4.35	\$7.60	\$10.46	\$3.91	\$6.84	\$9.67
71         \$5.26         \$9.31         \$12.88         \$4.73         \$8.39         \$11.91           72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52	69	\$4.64	\$8.12	\$11.20	\$4.17	\$7.31	\$10.36
72         \$5.63         \$9.99         \$13.83         \$5.05         \$9.01         \$12.80           73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52         \$17.52         \$24.76         \$8.56         \$15.79         \$22.90           83         \$9.84	70	\$4.93	\$8.69	\$12.01	\$4.43	\$7.83	\$11.10
73         \$6.08         \$10.85         \$15.03         \$5.46         \$9.78         \$13.90           74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52         \$17.52         \$24.76         \$8.56         \$15.79         \$22.90           83         \$9.84         \$18.18         \$25.76         \$8.85         \$16.38         \$23.82	71	\$5.26	\$9.31	\$12.88	\$4.73	\$8.39	\$11.91
74         \$6.54         \$11.69         \$16.22         \$5.88         \$10.54         \$15.00           75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52         \$17.52         \$24.76         \$8.56         \$15.79         \$22.90           83         \$9.84         \$18.18         \$25.76         \$8.85         \$16.38         \$23.82	72	\$5.63	\$9.99	\$13.83	\$5.05	\$9.01	\$12.80
75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52         \$17.52         \$24.76         \$8.56         \$15.79         \$22.90           83         \$9.84         \$18.18         \$25.76         \$8.85         \$16.38         \$23.82	73	\$6.08	\$10.85	\$15.03	\$5.46	\$9.78	\$13.90
75         \$7.00         \$12.55         \$17.41         \$6.30         \$11.30         \$16.11           76         \$7.47         \$13.39         \$18.60         \$6.71         \$12.07         \$17.21           77         \$7.92         \$14.25         \$19.80         \$7.12         \$12.84         \$18.30           78         \$8.24         \$14.90         \$20.79         \$7.41         \$13.43         \$19.23           79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52         \$17.52         \$24.76         \$8.56         \$15.79         \$22.90           83         \$9.84         \$18.18         \$25.76         \$8.85         \$16.38         \$23.82	74	\$6.54	\$11.69	\$16.22	\$5.88	\$10.54	\$15.00
77       \$7.92       \$14.25       \$19.80       \$7.12       \$12.84       \$18.30         78       \$8.24       \$14.90       \$20.79       \$7.41       \$13.43       \$19.23         79       \$8.56       \$15.56       \$21.78       \$7.69       \$14.02       \$20.15         80       \$8.89       \$16.21       \$22.78       \$7.98       \$14.60       \$21.07         81       \$9.20       \$16.86       \$23.77       \$8.27       \$15.20       \$21.98         82       \$9.52       \$17.52       \$24.76       \$8.56       \$15.79       \$22.90         83       \$9.84       \$18.18       \$25.76       \$8.85       \$16.38       \$23.82	75	\$7.00		\$17.41	\$6.30		\$16.11
78       \$8.24       \$14.90       \$20.79       \$7.41       \$13.43       \$19.23         79       \$8.56       \$15.56       \$21.78       \$7.69       \$14.02       \$20.15         80       \$8.89       \$16.21       \$22.78       \$7.98       \$14.60       \$21.07         81       \$9.20       \$16.86       \$23.77       \$8.27       \$15.20       \$21.98         82       \$9.52       \$17.52       \$24.76       \$8.56       \$15.79       \$22.90         83       \$9.84       \$18.18       \$25.76       \$8.85       \$16.38       \$23.82	76	\$7.47	\$13.39	\$18.60	\$6.71	\$12.07	\$17.21
79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52         \$17.52         \$24.76         \$8.56         \$15.79         \$22.90           83         \$9.84         \$18.18         \$25.76         \$8.85         \$16.38         \$23.82	77	\$7.92	\$14.25	\$19.80	\$7.12	\$12.84	\$18.30
79         \$8.56         \$15.56         \$21.78         \$7.69         \$14.02         \$20.15           80         \$8.89         \$16.21         \$22.78         \$7.98         \$14.60         \$21.07           81         \$9.20         \$16.86         \$23.77         \$8.27         \$15.20         \$21.98           82         \$9.52         \$17.52         \$24.76         \$8.56         \$15.79         \$22.90           83         \$9.84         \$18.18         \$25.76         \$8.85         \$16.38         \$23.82							
80       \$8.89       \$16.21       \$22.78       \$7.98       \$14.60       \$21.07         81       \$9.20       \$16.86       \$23.77       \$8.27       \$15.20       \$21.98         82       \$9.52       \$17.52       \$24.76       \$8.56       \$15.79       \$22.90         83       \$9.84       \$18.18       \$25.76       \$8.85       \$16.38       \$23.82	79		\$15.56	\$21.78	\$7.69	\$14.02	\$20.15
81     \$9.20     \$16.86     \$23.77     \$8.27     \$15.20     \$21.98       82     \$9.52     \$17.52     \$24.76     \$8.56     \$15.79     \$22.90       83     \$9.84     \$18.18     \$25.76     \$8.85     \$16.38     \$23.82	80	\$8.89	\$16.21		\$7.98	\$14.60	\$21.07
82       \$9.52       \$17.52       \$24.76       \$8.56       \$15.79       \$22.90         83       \$9.84       \$18.18       \$25.76       \$8.85       \$16.38       \$23.82	81						
83 \$9.84 \$18.18 \$25.76 \$8.85 \$16.38 \$23.82							
84       \$10.15       \$18.84       \$26.75       \$9.13       \$16.97       \$24.74							
	84	\$10.15	\$18.84	\$26.75	\$9.13	\$16.97	\$24.74

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

### CURRENT RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 D	oay Elimination Po	eriod	90 D	oay Elimination Pe	eriod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.16	\$1.93	\$2.61	\$1.04	\$1.74	\$2.41
30-34	\$1.52	\$2.55	\$3.44	\$1.36	\$2.29	\$3.18
35-39	\$1.98	\$3.31	\$4.47	\$1.77	\$2.98	\$4.13
40	\$2.23	\$3.73	\$5.04	\$2.00	\$3.36	\$4.66
41	\$2.33	\$3.89	\$5.26	\$2.09	\$3.51	\$4.86
42	\$2.44	\$4.08	\$5.51	\$2.19	\$3.68	\$5.09
43	\$2.58	\$4.31	\$5.82	\$2.31	\$3.88	\$5.38
44	\$2.72	\$4.55	\$6.14	\$2.44	\$4.10	\$5.68
45	\$2.86	\$4.78	\$6.46	\$2.56	\$4.31	\$5.96
46	\$3.00	\$5.03	\$6.79	\$2.69	\$4.53	\$6.27
47	\$3.19	\$5.34	\$7.21	\$2.86	\$4.81	\$6.66
48	\$3.27	\$5.49	\$7.44	\$2.94	\$4.94	\$6.87
49	\$3.36	\$5.64	\$7.66	\$3.01	\$5.08	\$7.08
50	\$3.44	\$5.78	\$7.89	\$3.09	\$5.21	\$7.29
51	\$3.53	\$5.93	\$8.11	\$3.16	\$5.35	\$7.50
52	\$3.61	\$6.08	\$8.34	\$3.24	\$5.48	\$7.71
53	\$3.71	\$6.26	\$8.57	\$3.34	\$5.64	\$7.93
54	\$3.83	\$6.45	\$8.80	\$3.45	\$5.81	\$8.14
55	\$3.96	\$6.64	\$9.05	\$3.56	\$5.98	\$8.37
56	\$4.08	\$6.83	\$9.31	\$3.67	\$6.16	\$8.61
57	\$4.19	\$7.04	\$9.59	\$3.78	\$6.34	\$8.86
58	\$4.30	\$7.24	\$9.88	\$3.86	\$6.53	\$9.13
59	\$4.38	\$7.44	\$10.18	\$3.94	\$6.70	\$9.41
60	\$4.48	\$7.65	\$10.50	\$4.02	\$6.89	\$9.71
61	\$4.59	\$7.88	\$10.86	\$4.13	\$7.11	\$10.04
62	\$4.75	\$8.19	\$11.28	\$4.27	\$7.38	\$10.43
63	\$4.95	\$8.56	\$11.76	\$4.46	\$7.71	\$10.87
64	\$5.20	\$8.98	\$12.27	\$4.67	\$8.09	\$11.34
65	\$5.48	\$9.44	\$12.83	\$4.92	\$8.50	\$11.87
66	\$5.77	\$9.94	\$13.46	\$5.18	\$8.95	\$12.44
67	\$6.06	\$10.45	\$14.14	\$5.45	\$9.43	\$13.07
68	\$6.38	\$11.00	\$14.88	\$5.73	\$9.91	\$13.77
69	\$6.71	\$11.57	\$15.69	\$6.03	\$10.42	\$14.51
70	\$7.05	\$12.17	\$16.56	\$6.33	\$10.96	\$15.30
71	\$7.42	\$12.81	\$17.48	\$6.66	\$11.55	\$16.16
72	\$7.81	\$13.51	\$18.48	\$7.01	\$12.19	\$17.09
73	\$8.26	\$14.37	\$19.68	\$7.42	\$12.95	\$18.20
74	\$8.72	\$15.22	\$20.89	\$7.83	\$13.72	\$19.32
75	\$9.18	\$16.08	\$22.09	\$8.25	\$14.48	\$20.44
76	\$9.64	\$16.92	\$23.30	\$8.66	\$15.25	\$21.55
77	\$10.08	\$17.78	\$24.51	\$9.07	\$16.03	\$22.66
78	\$10.29	\$18.23	\$25.24	\$9.26	\$16.43	\$23.34
79	\$10.50	\$18.69	\$25.97	\$9.43	\$16.84	\$24.02
80	\$10.71	\$19.14	\$26.71	\$9.62	\$17.25	\$24.70
81	\$10.91	\$19.59	\$27.44	\$9.81	\$17.66	\$25.37
82	\$11.12	\$20.05	\$28.17	\$10.00	\$18.07	\$26.05
83	\$11.33	\$20.51	\$28.91	\$10.18	\$18.48	\$26.73
84	\$11.53	\$20.97	\$29.64	\$10.36	\$18.88	\$27.41

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

### CURRENT RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90	90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.77	\$1.24	\$1.62	\$0.69	\$1.11	\$1.50	
30-34	\$1.01	\$1.64	\$2.14	\$0.91	\$1.48	\$1.99	
35-39	\$1.31	\$2.13	\$2.77	\$1.17	\$1.91	\$2.57	
40	\$1.47	\$2.40	\$3.13	\$1.33	\$2.16	\$2.90	
41	\$1.55	\$2.51	\$3.27	\$1.39	\$2.26	\$3.04	
42	\$1.61	\$2.61	\$3.41	\$1.45	\$2.36	\$3.16	
43	\$1.70	\$2.76	\$3.61	\$1.53	\$2.49	\$3.34	
44	\$1.79	\$2.92	\$3.81	\$1.62	\$2.63	\$3.53	
45	\$1.89	\$3.07	\$4.01	\$1.70	\$2.76	\$3.71	
46	\$1.98	\$3.22	\$4.21	\$1.79	\$2.90	\$3.90	
47	\$2.11	\$3.43	\$4.47	\$1.90	\$3.09	\$4.14	
48	\$2.22	\$3.59	\$4.69	\$1.99	\$3.23	\$4.35	
49	\$2.32	\$3.75	\$4.92	\$2.09	\$3.38	\$4.55	
50	\$2.43	\$3.92	\$5.13	\$2.19	\$3.53	\$4.75	
51	\$2.53	\$4.08	\$5.35	\$2.29	\$3.68	\$4.95	
52	\$2.64	\$4.24	\$5.57	\$2.38	\$3.83	\$5.15	
53	\$2.77	\$4.45	\$5.87	\$2.49	\$4.01	\$5.43	
54	\$2.90	\$4.66	\$6.19	\$2.60	\$4.20	\$5.72	
55	\$3.04	\$4.90	\$6.54	\$2.73	\$4.41	\$6.05	
56	\$3.20	\$5.17	\$6.92	\$2.87	\$4.65	\$6.40	
57	\$3.39	\$5.49	\$7.36	\$3.04	\$4.94	\$6.80	
58	\$3.61	\$5.83	\$7.82	\$3.25	\$5.26	\$7.23	
59	\$3.86	\$6.22	\$8.29	\$3.47	\$5.60	\$7.67	
60	\$4.13	\$6.64	\$8.83	\$3.72	\$5.99	\$8.16	
61	\$4.44	\$7.13	\$9.43	\$3.99	\$6.42	\$8.73	
62	\$4.78	\$7.67	\$10.15	\$4.29	\$6.91	\$9.38	
63	\$5.12	\$8.23	\$10.90	\$4.60	\$7.42	\$10.09	
64	\$5.46	\$8.80	\$11.70	\$4.91	\$7.93	\$10.83	
65	\$5.84	\$9.45	\$12.61	\$5.26	\$8.52	\$11.66	
66	\$6.33	\$10.26	\$13.71	\$5.69	\$9.24	\$12.68	
67	\$6.97	\$11.29	\$15.07	\$6.26	\$10.16	\$13.94	
68	\$7.73	\$12.49	\$16.66	\$6.95	\$11.26	\$15.40	
69	\$8.60	\$13.85	\$18.41	\$7.73	\$12.48	\$17.03	
70	\$9.59	\$15.40	\$20.40	\$8.62	\$13.88	\$18.87	
71	\$10.72	\$17.20	\$22.70	\$9.64	\$15.50	\$20.99	
72	\$11.99	\$19.28	\$25.35	\$10.78	\$17.37	\$23.44	
73	\$13.71	\$22.17	\$29.01	\$12.32	\$19.98	\$26.82	
74	\$15.42	\$25.07	\$32.67	\$13.86	\$22.59	\$30.21	
75	\$17.13	\$27.96	\$36.32	\$15.39	\$25.20	\$33.58	
76	\$18.84	\$30.86	\$39.98	\$16.93	\$27.81	\$36.97	
77	\$20.56	\$33.76	\$43.64	\$18.47	\$30.41	\$40.35	
78	\$23.17	\$38.05	\$49.18	\$20.82	\$34.28	\$45.48	
79	\$25.78	\$42.34	\$54.74	\$23.18	\$38.15	\$50.61	
80	\$28.39	\$46.63	\$60.28	\$25.52	\$42.02	\$55.74	
81	\$31.01	\$50.93	\$65.83	\$27.87	\$45.88	\$60.88	
82	\$33.62	\$55.21	\$71.38	\$30.22	\$49.75	\$66.00	
83	\$36.23	\$59.51	\$76.92	\$32.56	\$53.62	\$71.13	
84	\$38.85	\$63.79	\$82.47	\$34.92	\$57.49	\$76.26	

Modes Other Than Annual

Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

#### CURRENT RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 PREFERRED RATE PER \$1 OF DAILY BENEFIT

30 Day Elimination Period 90 Day Elimination Period 2 Year Issue 2 Year 5 Year Lifetime 5 Year Lifetime Benefit Period Benefit Period Benefit Period Age Benefit Period Benefit Period Benefit Period 18-29 \$0.48 \$1.12 \$0.43 \$0.72 \$1.04 \$0.80 30-34 \$0.63 \$1.05 \$1.48 \$0.56 \$0.95 \$1.36 35-39 \$0.81 \$1.36 \$1.91 \$0.72 \$1.23 \$1.77 \$0.92 \$1.54 \$2.16 \$0.82 \$2.00 40 \$1.39 41 \$0.96 \$1.61 \$2.25 \$0.86 \$1.45 \$2.08 42 \$1.00 \$0.89 \$1.52 \$2.18 \$1.68 \$2.36 43 \$1.05 \$1.78 \$2.49 \$0.95 \$1.61 \$2.30 44 \$1.11 \$1.88 \$2.63 \$1.00 \$1.69 \$2.42 45 \$1.79 \$1.17 \$1.97 \$2.76 \$1.05 \$2.55 46 \$1.23 \$2.07 \$2.90 \$1.11 \$1.87 \$2.68 47 \$1.31 \$2.20 \$3.09 \$1.17 \$1.99 \$2.85 48 \$1.37 \$2.32 \$3.22 \$1.22 \$2.10 \$2.97 49 \$1.43 \$2.44 \$3.35 \$1.28 \$2.20 \$3.10 50 \$1.48 \$2.57 \$3.49 \$1.34 \$2.31 \$3.21 51 \$1.54 \$2.69 \$3.61 \$1.39 \$2.42 \$3.34 52 \$1.60 \$2.81 \$3.75 \$1.44 \$2.53 \$3.46 53 \$1.68 \$2.93 \$3.94 \$1.51 \$2.64 \$3.64 54 \$1.76 \$3.04 \$4.15 \$1.59 \$2.75 \$3.84 55 \$1.86 \$3.16 \$4.38 \$1.67 \$2.86 \$4.05 56 \$1.96 \$1.75 \$3.30 \$4.62 \$2.98 \$4.27 57 \$2.04 \$3.45 \$4.86 \$1.84 \$3.11 \$4.49 58 \$2.12 \$3.63 \$5.09 \$1.91 \$3.27 \$4.70 59 \$2.18 \$3.83 \$5.32 \$1.96 \$3.44 \$4.92 60 \$2.25 \$4.03 \$5.55 \$2.02 \$3.63 \$5.13 \$2.33 \$2.09 61 \$4.24 \$5.82 \$3.83 \$5.37 \$2.45 \$2.20 62 \$4.49 \$6.13 \$4.05 \$5.67 63 \$2.60 \$4.75 \$6.50 \$2.35 \$4.29 \$6.00 64 \$2.80 \$5.03 \$2.51 \$4.53 \$6.36 \$6.88 65 \$3.01 \$5.34 \$7.31 \$2.70 \$4.81 \$6.76 66 \$3.24 \$5.66 \$7.78 \$2.91 \$5.10 \$7.19 \$3.46 67 \$6.04 \$8.32 \$3.11 \$5.45 \$7.69 68 \$3.70 \$6.46 \$8.90 \$3.33 \$5.82 \$8.22 69 \$3.95 \$6.91 \$9.53 \$3.55 \$6.22 \$8.81 70 \$4.19 \$7.39 \$10.21 \$3.77 \$6.66 \$9.44 71 \$4.47 \$7.92 \$10.95 \$4.02 \$7.14 \$10.13 72 \$4.79 \$8.50 \$11.76 \$4.29 \$7.66 \$10.89 \$4.64 73 \$5.17 \$9.23 \$8.32 \$11.82 \$12.78 74 \$5.56 \$9.94 \$13.79 \$5.00 \$8.96 \$12.76 75 \$5.95 \$10.67 \$14.81 \$5.36 \$9.61 \$13.70 76 \$6.35 \$11.39 \$15.82 \$5.71 \$10.27 \$14.64 77 \$6.74 \$12.12 \$6.06 \$10.92 \$15.56 \$16.84 78 \$7.01 \$12.67 \$17.68 \$6.30 \$11.42 \$16.35 79 \$7.28 \$13.23 \$18.52 \$6.54 \$11.92 \$17.14 80 \$12.42 \$7.56 \$13.79 \$19.37 \$6.79 \$17.92 \$7.03 \$12.93 81 \$7.82 \$14.34 \$20.22 \$18.69 82 \$8.10 \$14.90 \$21.06 \$7.28 \$13.43 \$19.48 83 \$8.37 \$15.46 \$21.91 \$7.53 \$13.93 \$20.26 84 \$8.63 \$16.02 \$22.75 \$7.76 \$14.43 \$21.04

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

### CURRENT RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	\$0.99	\$1.64	\$2.22	\$0.88	\$1.48	\$2.05	
30-34	\$1.29	\$2.17	\$2.93	\$1.16	\$1.95	\$2.70	
35-39	\$1.68	\$2.82	\$3.80	\$1.51	\$2.53	\$3.51	
40	\$1.90	\$3.17	\$4.29	\$1.70	\$2.86	\$3.96	
41	\$1.98	\$3.31	\$4.47	\$1.78	\$2.99	\$4.13	
42	\$2.08	\$3.47	\$4.69	\$1.86	\$3.13	\$4.33	
43	\$2.19	\$3.67	\$4.95	\$1.96	\$3.30	\$4.58	
44	\$2.31	\$3.87	\$5.22	\$2.08	\$3.49	\$4.83	
45	\$2.43	\$4.07	\$5.49	\$2.18	\$3.67	\$5.07	
46	\$2.55	\$4.28	\$5.77	\$2.29	\$3.85	\$5.33	
47	\$2.71	\$4.54	\$6.13	\$2.43	\$4.09	\$5.66	
48	\$2.78	\$4.67	\$6.33	\$2.50	\$4.20	\$5.84	
49	\$2.86	\$4.80	\$6.51	\$2.56	\$4.32	\$6.02	
50	\$2.93	\$4.92	\$6.71	\$2.63	\$4.43	\$6.20	
51	\$3.00	\$5.04	\$6.90	\$2.69	\$4.55	\$6.38	
52	\$3.07	\$5.17	\$7.09	\$2.76	\$4.66	\$6.56	
53	\$3.16	\$5.32	\$7.29	\$2.84	\$4.80	\$6.74	
54	\$3.26	\$5.49	\$7.48	\$2.93	\$4.94	\$6.92	
55	\$3.37	\$5.65	\$7.70	\$3.03	\$5.09	\$7.12	
56	\$3.47	\$5.81	\$7.92	\$3.12	\$5.24	\$7.32	
57	\$3.56	\$5.99	\$8.16	\$3.21	\$5.39	\$7.54	
58	\$3.66	\$6.16	\$8.40	\$3.28	\$5.55	\$7.76	
59	\$3.73	\$6.33	\$8.66	\$3.35	\$5.70	\$8.00	
60	\$3.81	\$6.51	\$8.93	\$3.42	\$5.86	\$8.26	
61	\$3.90	\$6.70	\$9.24	\$3.51	\$6.05	\$8.54	
62	\$4.04	\$6.97	\$9.59	\$3.63	\$6.28	\$8.87	
63	\$4.21	\$7.28	\$10.00	\$3.79	\$6.56	\$9.24	
64	\$4.42	\$7.64	\$10.44	\$3.97	\$6.88	\$9.64	
65	\$4.66	\$8.03	\$10.91	\$4.18	\$7.23	\$10.10	
66	\$4.91	\$8.45	\$11.45	\$4.41	\$7.61	\$10.58	
67	\$5.15	\$8.89	\$12.03	\$4.64	\$8.02	\$11.12	
68	\$5.43	\$9.36	\$12.65	\$4.87	\$8.43	\$11.71	
69	\$5.71	\$9.84	\$13.34	\$5.13	\$8.86	\$12.34	
70	\$6.00	\$10.35	\$14.08	\$5.38	\$9.32	\$13.01	
71	\$6.31	\$10.89	\$14.87	\$5.66	\$9.82	\$13.74	
72	\$6.64	\$11.49	\$15.72	\$5.96	\$10.37	\$14.53	
73	\$7.02	\$12.22	\$16.74	\$6.31	\$11.01	\$15.48	
74	\$7.42	\$12.94	\$17.77	\$6.66	\$11.67	\$16.43	
75	\$7.81	\$13.68	\$18.79	\$7.02	\$12.31	\$17.38	
76	\$8.20	\$14.39	\$19.82	\$7.37	\$12.97	\$18.33	
77	\$8.57	\$15.12	\$20.84	\$7.71	\$13.63	\$19.27	
78	\$8.75	\$15.50	\$21.47	\$7.88	\$13.97	\$19.85	
79	\$8.93	\$15.90	\$22.09	\$8.02	\$14.32	\$20.43	
80	\$9.11	\$16.28	\$22.72	\$8.18	\$14.67	\$21.01	
81	\$9.28	\$16.66	\$23.34	\$8.34	\$15.02	\$21.58	
82	\$9.46	\$17.05	\$23.96	\$8.50	\$15.37	\$22.15	
83	\$9.64	\$17.44	\$24.59	\$8.66	\$15.72	\$22.73	
84	\$9.81	\$17.83	\$25.21	\$8.81	\$16.06	\$23.31	

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

### **Questions and Answers**

- Why does State Farm need to raise premium rates can you explain further?
   Both the cost of Long-Term Care as well as Long-Term Care claims experience are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.
- Is there an alternative to paying higher premiums?
   Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the base daily benefit. (2) Reducing the benefit factor.
   (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection. (5) Removing the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

- 3. Does my Long-Term Care policy allow State Farm to raise my premiums? Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations.
- 4. If I no longer live in the state where I purchased my policy, does the increase still apply? Yes, the rate increase will apply to the state in which the policy was issued.
- 5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?
  - Premiums will be waived when an insured meets benefit eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's policy is no longer in claim paying status.
- 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?
  - After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider.

- 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?
  - If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.
- 8. Will State Farm raise my premium on this policy again in the future?

  Long-Term Care insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval).
- 9. When will my premium increase be effective?

  The increased premium will be effective on the next anniversary date of your policy.
- 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.



December 5, 2013

Dear Ms. Houser,

This letter is in response to your objection dated December 2, 2013.

 Long Term care policies issued on or after October 1, 2003 are subject to the rate stabilization standards set forth in 14 VAC5-200-153. Issue dates prior to that date are subject to the loss ratio standards set forth in 14 VAC5-200-150. According to Actuarial Memorandum, these forms were marketed between November 20, 2002 and February 1, 2008. As a result, the company will need to demonstrate compliance with both 14 VAC5-200-150 and 14 VAC5-200-153.

There was a typo in section III of the actuarial memorandum associated with this filing. These policies were sold between February 1, 1998 and November 20, 2002. As such, none of these policies are subject the rate stabilization standard cited. A corrected copy of the actuarial memorandum has been attached with this response.

2. Of the 1,142 policyholders, how many of those contracts were issued prior to October 1, 2003?

All 1,142 policyholders hold contracts that were issued prior to October 1, 2003.

3. Does the company have any open blocks of long term care business? If so,
(1) How do the proposed rates compare with the new rates for same ages and benefits, and
(2) Has consideration been given to allowing policyholders in this block to exchange their policy for one in the open block(s) without evidence of insurability?

State Farm does currently have an open block of long term care insurance. The currently marketed rates are greatly in excess of the proposed rates. A comparison between the proposed rates and the currently marketed rates has been provided with this response in an exhibit titled "Premium Comparison – Proposed 97045 to Current 97062".

Given that the rates on the currently marketed product are significantly higher than the proposed rates, State Farm does not believe that it is in the best interests of its policyholders to allow them to exchange their policy for a currently marketed policy without evidence of insurability.

4. What steps has the company taken to minimize rate increases on this block of business?

Over the past few years, as the experience has continued to emerge on our 97045 policy series, there have been continuous discussions with management related to the need for a possible rate increase. Understanding the associated issues with raising rates on long-term care policies, State Farm has until now avoided filing rate increases. However, in order to retain the financial

sustainability of the product, we can no longer delay increasing the premiums on our long-term care block of business. Our methodology for calculating the rate increase, which avoids recouping any of the past losses, means that any delay in filing rate increases has been at the expense of State Farm.

Additionally, to ensure the financial viability of the current in-force long term care policies, State Farm has established a premium deficiency reserve (PDR) of over \$1 billion. The reserve represents a significant burden to State Farm since it is incorporated into the financial statements as a reduction to the overall company surplus. Within the PDR, significant rate increases are assumed. Without the approval of the requested rate increases, the PDR will continue to grow. Concurrently, even with the attainment of the requested rate increases, State Farm will still not be able to meet initial profitability objectives.

5. Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

A document titled "97045 Series Inforce Rate Increase History 12-4-13" has been provided with this response that details the rate increases that we have requested on this series on a state by state basis.

6. Please complete the attached Rate Summary form providing a brief summary of the key information including the main drivers used to develop the rates. Our expectation would be that the form would put into consumer friendly language a summary of the information contained in the Actuarial Memorandum that provides a clear explanation of the justification of the rate increases. The Actuarial Memorandum states the higher loss ratios are the result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs. Please explain each of these factors and how each contributes to the rate increase requested in terms the consumer will understand.

The rate summary form has been attached along with a filing summary narrative that provides a consumer friendly explanation of the need for the proposed rate increase.

- 7. For the pre-rate stabilization policies, please provide additional following information:
  - a. All information required by 14 VAC5-130-70 based on the national and Virginia only experience separately. Since no policies would have been issued prior to November 20, 2002, why does experience include information prior to that date? Experience exhibits should include earned premium, paid claims, incurred claims and loss ratio from the date of the forms' inception through the most recent date that information is available.

Updated experience exhibits reflecting historical paid claims have been provided with this response. Virginia experience since 1998 has been provided as that was when this policy series was first issued.

b. Justification for all assumptions used in the projections.

Please see sections VI, VII, and VII of the actuarial memorandum provided with this response. Additionally, an exhibit titled "Experience Studies – Lapse and Mortality" has been provided with this response that provides further justification.

c. Include an actual to expected analysis based on the original assumptions.

The "Issue Year Within Calendar Year – Nationwide" and "Issue Year Within Calendar Year – Virginia" exhibits that have been included with this response provide the requested actual to expected results.

d. An explanation of the reserve basis and justification for the reserve levels provided.

IBNR is developed by looking at the run out on previous claims and applying the same pattern to the current benefit exposure level. The benefit exposure level is based on the total possible benefit payments available to the policyholders. DLR is calculated by applying each claim against the appropriate continuance table and then adjusting the results based on the policyholder's benefit levels and current utilization rate.

e. The anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

I do not understand your request. A paid loss ratio makes sense for the historical portion of the projection, but not for the anticipated experience. Please clarify your request.

f. Re-state the nationwide experience using Virginia approved rates.

The nationwide experience provided in the experience exhibits reflects no in-force rate increases countrywide. As a result, the nationwide experience essentially reflects the current rate level in Virginia.

g. Explain what, if any margins are included in the proposed rates to ensure that future rate increase will not be needed presuming the experience develops as projected.

The indicated rate change of 214% is greatly in excess of the requested rate increase. As stated in section XIV of the actuarial memorandum associated with this filing:

"This rate increase will enhance premium adequacy, however it will not be sufficient to prevent further rate increases. We will continue to monitor emerging experience and consider further increases in the future."

h. Provide sufficient detail or documentation so that any projections can be recreated. Please submit exhibits in an excel format which will allow us to speed up our review of the submission.

The experience exhibits have been provided in an excel format for your convenience.

The projection model utilized for this filing is a complex SAS model that is difficult to transfer into a spreadsheet type model for sample calculation purposes. Projections are based on policies in force as of the beginning date of the projection. Assumed lapses, benefit exhaustion, and mortality are applied to this policies in force on a seriatim basis to generate exposures through the projection period. Premiums and claims are assigned to these projected exposures based on their current (restated) premiums and claim cost assumptions. Rate increases are taken into consideration by applying earnings factors to reflect when any increased premiums are earned by State Farm. The appropriate claim costs are applied against the policies in force based on each policy's benefit selections, issue age, and duration. Although the model is very large and complex, we are able to clearly see the underlying code and calculations that are used by the model. This code is reviewed by several actuaries in house. We also do reasonableness checks by making changes to the assumptions and observing whether the results are in line with expectations. Reasonableness is also checked by comparing our projection model with Premium Deficiency Reserve (PDR) model. Our premium deficiency reserve model is periodically audited by PWC.

i. Please state the interest rate originally assumed in the determination of the premium stated. If greater than the discount rate used in the projections, please revise the projections by using the original rate.

An investment income of 5.5% was assumed in the original pricing. The updated experience exhibits provided with this response aggregate experience at this 5.5% interest rate level. Please note that the change in investment income has not been included in the rate increase analysis.

- 8. On the Rate/Rule Schedule, please make the following changes:
  - a. All affected form numbers should be listed and separated by commas: 97045, 99504, and 99505.
  - b. Please replace the attachments with PDF files for protection purposes.
  - c. Move the current rate tables to Supporting Documentation. Only rates that are being approved should be listed under the Rate/Rule tab in SERFF.

The requested changes have been made on the rate/rule schedule.

- 9. Please provide a copy of the letter that will be sent to Virginia policyholders offering options to reduce the daily benefit amount or period, increase the elimination period or remove the optional rider. The Bureau would expect the letter to include following key points:
  - a. The explanations of the rate increases and accompanying factors are clear

- b. Options are clearly and specifically stated rather than indicating the insured should contact the company for more information if interested in changes
- c. Specific premium amount and effective date for such are clearly stated
- d. If the company expects future rate increases, such should be clearly communicated
- e. If a FAQ is included in the letter, please provide us a copy.

A copy of the policyholder notification letter, including the accompanying FAQ document, has been provided with this response.

10. Prior to approving the proposed rate increase, forms used to amend existing coverage will need to be filed for review and approval. If forms are not already approved, this can either be done as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the forms are already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval.

No additional forms are needed to amend existing coverage. This is a rate change on in-force business only.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Enily Ehroten

Emily Ehrstein, ASA, MAAA Actuarial Analyst II

State Farm Mutual Automobile Ins. Co.

(309) 763-6988

**Reset Form** 

## Health Insurance Rate Request Summary Part 1 – To Be Completed By Company

	State Farm Mutual Automobile Insurance Company 25178-176					
Company Name and NAIC Number:	d NAIC Number.					
ERFF Tracking Number: STLH-129237070						
fective Date: On Approval						
(Projected) Number of Insureds Affected: New Rates	1,142					
Average Annual Premium Pe	er Member:					
Revised Rates						
Average Annual Premium Pe	r Member: 1,172					
Average Requested Percenta	age Rate Change Per Member: 37%					
Minimum Requested Percen	tage Rate Change Per Member: 9%					
Maximum Requested Percen	stage Rate Change Per Member: 40%					
Plans Affected (The Form Number and "Product Na	me")					
Form#	"Product Name"(if applicable)					
97045VA.1 99504VA 99505	Tax Qualified Long Term Care Insurance Simple Automatic Increase Benefit Rider Compound Automatic Increase Benefit Rider					

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.



### Filing Summary Narrative for SERFF Filing # STLH-129237070

State Farm Insurance has filed for an average rate increase of 37% with the Virginia Bureau of Insurance. The actual increase will vary by issue age, benefit period, elimination period, and inflation option.

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

Please note that due to the historically low interest rate environment, the company is currently experiencing lower than anticipated investment returns on premiums received. However, these investment losses are not being passed along to the policyholder, but are instead being fully absorbed by State Farm.

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Removing an optional rider

While the company recognizes that a rate increase is unwelcome, we feel it is necessary in order to fulfill our contractual obligations so that a policyholder's benefits are available when they need them most.

Long-Term Care Insurance premium rates are not guaranteed, and State Farm anticipates seeking further rate increases in the future as experience continues to emerge.

# COMPARISON OF CURRENT AND PROPOSED RATES CURRENT RATES AVAILABLE TO NEW POLICYHOLDERS (FORM 97062 SERIES) ARE THIS MUCH HIGHER THAN THE PROPOSED RATES FOR POLICIES ISSUED PRIOR TO JUNE 1, 2001

### PROPOSED RATES FOR POLICIES ISSUED PRIOR TO JUNE 1, 200 NO DISCOUNTS

30 Day Elimination Period

Issue <u>Age</u>	2 Year <u>Benefit Period</u>	5 Year <u>Benefit Period</u>	2 Year <u>Benefit Period</u>	5 Year <u>Benefit Period</u>
30-34	94.0%	121.3%	91.9%	113.3%
35-39	107.1%	143.8%	98.9%	130.3%
40	126.2%	166.6%	115.6%	151.7%
41	129.9%	171.4%	120.8%	156.1%
42	130.2%	170.9%	120.7%	155.7%
43	126.2%	165.1%	116.5%	150.5%
44	122.6%	159.6%	114.0%	145.0%
45	120.4%	156.5%	111.8%	142.9%
46	119.8%	155.1%	111.6%	140.8%
47	116.5%	149.6%	107.7%	136.5%
48	115.1%	149.0%	107.7%	135.7%
49	115.6%	148.9%	107.4%	135.6%
50	115.8%	149.2%	108.7%	136.8%
51	117.1%	149.8%	109.2%	137.6%
52	117.6%	151.4%	110.3%	138.5%
53	117.4%	149.3%	109.8%	136.2%
54	117.1%	148.0%	109.4%	135.2%
55	117.2%	146.9%	110.0%	134.4%
56	116.2%	144.6%	108.3%	131.6%
57	112.9%	139.6%	104.7%	127.2%
58	108.5%	134.8%	100.4%	122.3%
59	103.9%	130.1%	96.3%	118.1%
60	100.0%	126.0%	92.4%	114.0%
61	96.0%	121.3%	88.5%	109.7%
62	91.4%	116.2%	83.6%	104.4%
63	87.6%	111.9%	80.2%	100.2%
64	85.5%	108.8%	78.0%	97.3%
65	83.3%	106.4%	75.9%	94.9%
66	80.8%	103.3%	73.4%	92.1%
67	78.2%	100.4%	70.9%	89.2%
68	75.9%	98.4%	69.0%	86.7%
69	71.4%	93.1%	64.4%	82.0%
70	73.0%	93.9%	65.2%	82.8%
71	72.9%	91.4%	63.7%	81.1%
72	73.1%	87.7%	62.0%	78.2%
73	71.3%	82.1%	58.7%	73.7%
74	69.3%	79.3%	57.0%	73.5%
75	68.4%	79.6%	55.6%	75.8%
76	70.6%	87.9%	60.2%	82.6%
77	73.6%	96.2%	65.3%	89.7%
78	69.3%	95.4%	62.8%	88.2%
79	65.8%	95.1%	61.1%	87.3%

# PROPOSED RATES FOR POLICIES ISSUED PRIOR TO JUNE 1, 2001 BOTH POLICIES CONTAIN A SIMPLE AUTOMATIC INCREASE BENEFIT NO DISCOUNTS

30 Day Elimination Period

Issue	2 Year	5 Year	2 Year	5 Year
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period
30-34	257.4%	343.6%	250.5%	330.6%
35-39	290.2%	373.0%	277.5%	351.6%
40	305.5%	389.8%	291.3%	366.9%
41	304.4%	388.8%	293.5%	366.9%
42	299.2%	381.6%	286.4%	359.3%
43	285.0%	364.1%	273.5%	342.7%
44	273.8%	348.4%	262.7%	327.2%
45	264.3%	336.0%	253.3%	316.4%
46	256.3%	327.7%	246.8%	307.8%
47	246.3%	312.4%	235.1%	294.2%
48	238.0%	301.2%	229.2%	283.8%
49	232.3%	291.3%	223.2%	274.3%
50	227.6%	283.4%	218.1%	266.6%
51	223.1%	275.3%	213.0%	259.6%
52	218.2%	268.9%	209.4%	252.8%
53	211.5%	261.2%	202.9%	245.4%
54	205.5%	254.2%	196.9%	239.0%
55	199.6%	248.0%	191.5%	233.0%
56	192.5%	239.9%	184.8%	225.0%
57	184.5%	229.0%	176.5%	214.6%
58	176.7%	217.7%	169.0%	203.7%
59	169.1%	207.5%	161.6%	193.7%
60	162.4%	197.7%	155.1%	184.0%
61	154.9%	187.6%	147.2%	174.6%
62	145.9%	177.1%	138.7%	164.7%
63	136.8%	168.0%	130.0%	155.7%
64	129.2%	160.4%	122.2%	148.4%
65	121.6%	153.4%	114.9%	141.5%
66	114.3%	146.5%	108.2%	134.9%
67	107.4%	140.1%	101.7%	128.9%
68	101.7%	134.3%	96.2%	123.2%
69	94.7%	126.1%	89.3%	115.2%
70	92.9%	122.1%	86.8%	111.3%
71	90.3%	115.6%	82.8%	105.1%
72	88.1%	108.4%	78.7%	97.9%
73	84.1%	99.2%	73.0%	88.8%
74	80.1%	92.6%	68.8%	82.5%
75	77.0%	86.8%	64.5%	77.3%
76	75.6%	87.1%	64.1%	78.5%
77	75.3%	88.4%	64.6%	80.1%
78	70.9%	84.8%	60.9%	79.1%
79	67.1%	84.2%	58.0%	78.8%

# PROPOSED RATES FOR POLICIES ISSUED PRIOR TO JUNE 1, 2001 BOTH POLICIES CONTAIN A COMPOUND AUTOMATIC INCREASE BENEFIT NO DISCOUNTS

30 Day Elimination Period

Issue <u>Age</u>	2 Year Benefit Period	5 Year <u>Benefit Period</u>	2 Year <u>Benefit Period</u>	5 Year <u>Benefit Period</u>
30-34	800.9%	1083.0%	788.1%	1054.8%
35-39	784.4%	1020.9%	761.7%	974.8%
40	692.7%	895.8%	671.8%	855.9%
41	660.2%	852.2%	643.3%	815.1%
42	624.4%	806.7%	607.5%	769.1%
43	582.4%	752.1%	565.7%	718.2%
44	544.5%	702.6%	529.6%	669.4%
45	509.8%	658.8%	495.6%	628.5%
46	480.2%	621.7%	467.3%	591.5%
47	446.1%	576.3%	432.2%	549.1%
48	427.0%	549.2%	415.2%	523.0%
49	410.2%	523.7%	398.5%	498.3%
50	394.9%	500.9%	382.7%	476.9%
51	380.7%	478.3%	368.1%	456.0%
52	365.6%	458.5%	354.8%	436.2%
53	348.9%	435.6%	337.9%	413.2%
54	331.8%	414.0%	321.4%	393.1%
55	316.4%	394.0%	306.7%	373.5%
56	299.7%	372.6%	289.3%	352.6%
57	282.0%	349.4%	272.0%	330.6%
58	264.9%	328.2%	255.3%	309.7%
59	248.8%	308.0%	240.1%	290.6%
60	234.3%	289.9%	225.5%	272.7%
61	219.0%	271.6%	210.7%	255.2%
62	203.3%	252.6%	195.1%	237.2%
63	187.8%	234.7%	180.2%	219.9%
64	174.6%	218.6%	167.0%	204.4%
65	161.8%	203.7%	154.6%	189.9%
66	149.6%	190.0%	142.9%	177.1%
67	138.6%	178.2%	132.2%	165.6%
68	128.7%	168.0%	123.0%	155.6%
69	118.2%	155.7%	112.5%	143.9%
70	113.0%	148.1%	106.7%	136.6%
71	107.5%	138.5%	99.9%	127.2%
72 73	102.9%	128.5%	93.4%	117.1%
73 74	97.1% 91.2%	116.6%	85.6%	105.6%
7 <del>4</del> 75	91.2% 87.2%	107.2%	79.8%	96.6%
75 76	87.2% 85.0%	98.2% 94.2%	73.8% 71.5%	88.2% 85.3%
76 77		94.2% 91.7%	71.5% 70.5%	83.8%
77 78	83.8% 79.3%	91.7% 85.1%	70.5% 66.3%	83.8% 79.0%
78 79	79.3% 75.3%	85.1% 82.3%	62.7%	79.0% 76.0%
13	75.570	02.370	02.770	70.070

## PROPOSED RATES FOR POLICIES ISSUED PRIOR TO JUNE 1, 2001 WITH SPOUSAL AND PREFERRED DISCOUNTS

30 Day Elimination Period

Issue	2 Year	5 Year	2 Year	5 Year
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period
30-34	59.5%	82.8%	59.2%	75.4%
35-39	70.0%	101.7%	63.0%	89.0%
40	86.4%	119.9%	77.6%	106.9%
41	90.3%	124.0%	82.3%	110.9%
42	89.7%	122.9%	81.9%	110.4%
43	86.2%	118.2%	79.4%	106.4%
44	83.1%	113.9%	76.2%	101.7%
45	80.7%	111.8%	74.4%	99.7%
46	81.1%	109.9%	74.5%	98.2%
47	78.1%	104.9%	70.6%	94.9%
48	76.5%	105.2%	70.9%	94.3%
49	77.4%	104.5%	71.0%	93.7%
50	77.9%	105.4%	72.1%	94.5%
51	78.7%	105.7%	72.1%	95.6%
52	79.3%	107.1%	72.8%	96.5%
53	79.5%	105.4%	72.6%	94.0%
54	78.4%	104.2%	73.0%	93.9%
55	79.5%	103.3%	72.9%	92.6%
56	78.0%	101.2%	71.4%	90.6%
57	74.8%	97.2%	69.2%	87.2%
58	72.0%	93.1%	65.1%	83.2%
59	67.5%	89.4%	61.0%	79.4%
60	64.6%	86.1%	58.4%	76.1%
61	61.0%	82.1%	54.9%	72.7%
62	57.2%	78.0%	51.0%	68.5%
63	54.5%	74.4%	48.4%	64.7%
64	52.6%	71.8%	46.6%	62.5%
65	51.1%	69.7%	44.5%	60.5%
66	48.7%	67.3%	42.6%	58.1%
67	46.9%	65.0%	40.8%	55.8%
68	45.0%	63.4%	39.1%	53.8%
69	41.2%	59.1%	35.6%	49.9%
70	42.5%	59.7%	36.1%	50.6%
71	42.3%	57.6%	34.9%	49.2%
72	42.5%	54.6%	33.5%	46.7%
73	41.1%	50.1%	30.8%	43.0%
74	39.4%	47.6%	29.3%	42.8%
75	38.6%	47.9%	28.1%	44.8%
76	40.5%	54.7%	32.0%	50.4%
77	43.0%	61.6%	36.1%	56.2%
78	39.4%	60.9%	34.1%	54.9%
79	36.5%	60.6%	32.6%	54.3%

### PROPOSED RATES FOR POLICIES ISSUED PRIOR TO JUNE 1, 2001 BOTH POLICIES CONTAIN A SIMPLE AUTOMATIC INCREASE BENEFIT WITH SPOUSAL AND PREFERRED DISCOUNTS

30 Day Elimination Period

Issue	2 Year	5 Year	2 Year	5 Year
<u>Age</u>	Benefit Period	Benefit Period	<u>Benefit Period</u>	Benefit Period
20.24	277.00/	270.70/	272.00/	255 407
30-34	277.8%	370.7%	273.9%	355.4%
35-39	313.7%	401.9%	298.6%	375.4%
40	329.7%	418.6%	315.6%	395.0%
41	330.3%	419.2%	317.0%	395.2%
42	322.2%	409.4%	308.1%	385.3%
43	306.5%	391.7%	297.8%	369.3%
44	296.3%	374.8%	285.8%	352.4%
45	284.7%	362.4%	273.1%	340.8%
46	278.0%	352.9%	268.2%	331.6%
47	266.3%	335.8%	254.4%	318.0%
48	257.2%	325.1%	248.3%	306.8%
49	251.6%	313.8%	241.8%	296.5%
50	246.2%	306.2%	237.0%	287.8%
51	241.9%	297.1%	232.3%	280.9%
52	237.2%	290.7%	227.7%	273.4%
53	230.0%	282.7%	220.4%	265.5%
54	223.4%	275.0%	214.2%	259.5%
55	217.5%	268.3%	208.2%	251.8%
56	209.6%	259.7%	201.4%	243.9%
57	201.0%	248.7%	193.3%	233.2%
58	193.2%	236.2%	185.0%	221.5%
59	184.9%	225.6%	176.4%	210.6%
60	177.6%	215.1%	169.6%	200.6%
61	169.3%	204.4%	161.5%	191.0%
62	159.9%	193.2%	152.5%	180.7%
63	151.0%	183.6%	143.6%	170.6%
64	142.5%	175.3%	135.2%	162.9%
65	134.7%	168.0%	127.3%	155.7%
66	126.8%	160.8%	120.3%	148.6%
67	119.8%	154.1%	113.5%	142.4%
68	113.7%	148.0%	107.6%	136.3%
69	106.2%	139.3%	100.6%	127.9%
70	104.2%	135.1%	97.8%	123.7%
71	101.3%	128.3%	93.5%	117.2%
72	99.1%	120.7%	89,3%	109.4%
73	94.8%	110.9%	83,2%	99.8%
74	90.8%	103.9%	78.8%	93.1%
75	87.4%	97.7%	74.1%	87.6%
76	85.9%	98.0%	73.6%	88.9%
77	85.6%	99.3%	74.3%	90.7%
78	80.9%	95.7%	70.3%	89.6%
79	76.9%	95.0%	67.3%	89.3%
, ,	, 0.5 , 0	33.070	37.1370	03.570

### PROPOSED RATES FOR POLICIES ISSUED PRIOR TO JUNE 1, 2001 BOTH POLICIES CONTAIN A COMPOUND AUTOMATIC INCREASE BENEFIT WITH SPOUSAL AND PREFERRED DISCOUNTS

30 Day Elimination Period

Issue	2 Year Benefit Period	5 Year Benefit Period	2 Year Benefit Period	5 Year Benefit Period
<u>Age</u>	benefit Periou	<u>benefit Periou</u>	<u>Beriefit Period</u>	<u>benefit Periou</u>
30-34	643.5%	875.8%	637.0%	849.0%
35-39	627.6%	825.7%	609.3%	783.6%
40	552.1%	720.8%	537.3%	687.9%
41	527.1%	686.4%	511.9%	653.1%
42	495.1%	645.9%	483.7%	615.2%
43	461.5%	601.8%	449.9%	573.4%
44	430.1%	561.3%	418.2%	532.7%
45	401.2%	525.7%	390.5%	499.9%
46	378.4%	494.3%	368.0%	468.4%
47	349.0%	456.0%	337.9%	435.3%
48	332.9%	434.8%	324.3%	413.0%
49	319.5%	413.0%	310.5%	391.8%
50	308.3%	394.3%	297.7%	374.4%
51	295.7%	375.5%	285.0%	357.7%
52	282.9%	360.7%	274.9%	341.4%
53	270.2%	341.2%	260.5%	322.1%
54	255.2%	322.7%	247.7%	305.9%
55	243.8%	306.4%	235.3%	289.7%
56	228.7%	288.7%	220.8%	272.7%
57	214.2%	270.3%	206.9%	254.3%
58	200.6%	252.3%	192.6%	237.3%
59	186.6%	235.6%	179.9%	221.6%
60	175.4%	221.1%	167.8%	207.1%
61	162.3%	206.1%	155.7%	192.6%
62	149.1%	190.2%	142.5%	177.6%
63	137.1%	175.3%	130.4%	163.3%
64	125.9%	162.0%	120.0%	150.4%
65	115.5%	149.9%	109.2%	138.8%
66	105.1%	138.7%	99.8%	127.9%
67	96.5%	129.0%	91.2%	118.8%
68	88.3%	120.6%	83.6%	110.6%
69	79.7%	110.6%	75.1%	100.9%
70	75.4%	104.2%	70.1%	94.9%
71	70.8%	96.3%	64.6%	87.1%
72	67.0%	88.0%	59.2%	78.8%
73	62.1%	78.4%	52.9%	69.3%
74	57.5%	70.6%	48.1%	61.9%
75 76	54.1%	63.1%	43.1%	55.0%
76	52.2%	59.8%	41.2%	52.6%
77	51.4%	57.8%	40.3%	51.3%
78	47.6%	52.4%	36.9%	47.4%
79	44.3%	50.1%	34.0%	44.9%

## PROPOSED RATES FOR POLICIES ISSUED ON OR AFTER JUNE 1, 2001 NO DISCOUNTS

30 Day Elimination Period

Issue <u>Age</u>	2 Year Benefit Period	5 Year Benefit Period	2 Year Benefit Period	5 Year Benefit Period
<u>rige</u>	<del>Denene i enoa</del>	Deficite i crioa	<u>Benener enoa</u>	Deriche i Choa
30-34	75.4%	100.0%	74.0%	90.6%
35-39	88.0%	119.4%	81.3%	107.6%
40	106.6%	140.3%	96.8%	127.0%
41	108.2%	143.8%	100.4%	130.6%
42	110.2%	144.4%	101.3%	130.7%
43	106.8%	138.9%	97.6%	126.1%
44	103.7%	134.2%	94.7%	121.2%
45	101.3%	131.1%	92.9%	118.9%
46	100.9%	129.2%	92.2%	122.3%
47	97.1%	124.8%	89.1%	121.0%
48	95.6%	123.7%	88.1%	117.1%
49	95.3%	123.5%	87.5%	113.0%
50	94.8%	122.9%	87.2%	111.5%
51	95.2%	123.4%	87.0%	111.7%
52	95.6%	124.0%	87.8%	112.4%
53	95.0%	123.1%	87.8%	111.8%
54	94.8%	122.2%	87.9%	110.4%
55	94.2%	120.6%	87.1%	108.9%
56	92.8%	117.6%	85.4%	106.5%
57	89.3%	113.3%	82.6%	102.3%
58	85.4%	108.9%	78.3%	97.9%
59	81.4%	104.5%	74.6%	93.5%
60	77.9%	100.5%	70.8%	89.7%
61	73.7%	96.0%	67.0%	85.5%
62	69.5%	91.1%	62.8%	80.8%
63	66.4%	87.3%	60.0%	77.2%
64	64.8%	85.0%	58.2%	75.0%
65	63.5%	83.2%	56.8%	72.9%
66	61.0%	80.3%	54.3%	70.2%
67	57.6%	76.9%	51.2%	66.9%
68	54.1%	73.9%	48.0%	63.8%
69	48.4%	68.0%	42.2%	58.2%
70	47.8%	67.3%	41.3%	57.8%
71	46.5%	64.1%	38.7%	55.1%
72	45.7%	60.0%	36.4%	52.0%
73	43.7%	54.7%	33.2%	47.5%
74	41.9%	51.9%	31.6%	46.9%
75	40.9%	51.8%	30.1%	48.5%
76	42.5%	58.4%	33.8%	54.0%
77	44.8%	65.2%	37.9%	59.7%
78	41.2%	64.5%	35.8%	58.4%
79	38.3%	64.2%	34.3%	57.7%

# PROPOSED RATES FOR POLICIES ISSUED ON OR AFTER JUNE 1, 2001 BOTH POLICIES CONTAIN A SIMPLE AUTOMATIC INCREASE BENEFIT NO DISCOUNTS

30 Day Elimination Period

Issue <u>Age</u>	2 Year Benefit Period	5 Year Benefit Period	2 Year 5 Year Benefit Period Benefit Period
<u>rige</u>	<u> Deriene i eriou</u>	<u>Benefit i enou</u>	<u> Beriene i enou</u>
30-34	210.0%	275.7%	207.0% 261.8%
35-39	241.0%	300.5%	232.7% 281.9%
40	255.0%	315.0%	243.8% 295.2%
41	252.5%	313.1%	244.4% 295.1%
42	249.1%	307.4%	240.3% 288.1%
43	238.3%	292.8%	227.9% 275.1%
44	228.5%	279.6%	218.1% 262.4%
45	219.4%	269.3%	209.7% 252.5%
46	213.2%	261.4%	203.8% 249.9%
47	202.7%	248.8%	194.7% 240.7%
48	196.8%	241.4%	188.9% 230.6%
49	191.9%	234.8%	184.1% 221.2%
50	187.4%	228.1%	179.1% 214.0%
51	184.0%	223.1%	175.2% 209.1%
52	180.4%	218.3%	172.0% 204.6%
53	174.9%	212.2%	167.5% 199.0%
54	169.6%	207.0%	162.0% 193.4%
55	163.2%	200.8%	156.8% 187.4%
56	157.0%	193.1%	150.3% 180.3%
57	149.5%	183.8%	143.1% 171.4%
58	142.4%	173.9%	135.5% 161.8%
59	136.3%	164.3%	129.7% 152.5%
60	130.2%	155.5%	123.5% 143.9%
61	123.3%	146.7%	117.1% 135.6%
62	115.7%	137.6%	109.3% 126.8%
63	108.5%	129.6%	102.3% 119.1%
64	101.9%	123.2%	96.2% 113.1%
65	96.0%	117.4%	90.2% 107.3%
66	89.5%	111.4%	83.9% 101.5%
67	83.0%	105.1%	77.9% 95.6%
68	76.9%	99.2%	72.1% 89.8%
69	69.4%	91.1%	64.6% 82.1%
70	66.6%	86.7%	61.3% 77.7%
71	63.4%	80.2%	56.9% 71.3%
72	60.8%	73.3%	52.9% 64.5%
73	57.0%	64.7%	47.6% 56.0%
74	53.4%	58.5%	43.8% 50.2%
75	50.6%	53.2%	39.8% 45.4%
76	49.1%	53.2%	39.3% 46.1%
77	48.7%	53.8%	39.5% 47.1%
78	44.9%	51.0%	36.4% 46.3%
79	41.7%	50.4%	34.0% 46.0%

# PROPOSED RATES FOR POLICIES ISSUED ON OR AFTER JUNE 1, 2001 BOTH POLICIES CONTAIN A COMPOUND AUTOMATIC INCREASE BENEFIT NO DISCOUNTS

30 Day Elimination Period

Issue <u>Age</u>	2 Year <u>Benefit Period</u>	5 Year Benefit Period	2 Year <u>Benefit Period</u>	5 Year Benefit Period
20.24	CO1 00/	900 60/	CO1 F0/	062.70/
30-34 35-39	691.8% 680.3%	890.6%	691.5% 666.0%	862.7% 798.6%
		836.2%		
40	602.5%	734.0%	586.5%	700.8%
41 42	569.9% 539.7%	696.1% 658.1%	556.2% 525.7%	664.5%
42 43	539.7% 503.6%	612.8%	525.7% 490.4%	626.7% 584.3%
43 44	470.1%	512.8% 571.1%	490.4% 456.1%	543.3% 543.3%
44 45	440.4%	535.3%	428.4%	543.3% 509.4%
45 46	440.4%	535.5% 501.9%	420.4%	483.5%
40 47	382.1%	464.9%	371.6%	450.9%
47 48	364.3%	443.7%	353.2%	430.9% 427.4%
49	347.9%	424.4%	333.2%	404.6%
<del>4</del> 9 50	347.9%	406.3%	337.9%	385.7%
50 51		388.9%	308.1%	
52	317.9% 304.7%	372.7%	294.6%	368.6% 353.3%
53	289.9%	354.7%	280.1%	336.0%
54 55	275.1%	336.8%	265.9% 251.7%	318.7%
	260.3%	319.1%		301.8%
56	245.8%	301.2%	236.9%	284.5%
57 50	230.4%	281.8%	222.1%	266.0%
58	215.8%	263.8%	208.0%	248.2%
59	202.7%	246.8%	194.7%	231.8%
60	190.1%	231.1%	182.3%	216.6%
61	177.2%	215.7%	169.7%	201.8%
62	163.8%	199.5%	156.6%	186.4%
63	151.4%	184.7%	144.5%	172.2%
64	140.2%	171.6%	133.6%	159.5%
65	129.7%	159.5%	123.3%	147.8%
66	119.2%	147.9%	113.4%	136.7%
67	109.3%	137.3%	103.8%	126.5%
68	99.8%	127.7%	94.9%	117.3%
69	89.5%	116.2%	84.6%	106.3%
70	83.8%	108.7%	78.5%	99.1%
71	78.2%	99.6%	71.7%	90.0%
72	73.7%	90.3%	65.6%	80.8%
73	68.3%	79.4%	58.6%	70.3%
74	63.1%	70.8%	53.3%	62.1%
75 	59.4%	62.8%	47.9%	54.7%
76	57.0%	59.1%	45.7%	51.9%
77	55.9%	56.7%	44.6%	50.2%
78	52.1%	51.3%	41.0%	46.3%
79	48.8%	49.0%	38.1%	43.8%

## PROPOSED RATES FOR POLICIES ISSUED ON OR AFTER JUNE 1, 2001 WITH SPOUSAL AND PREFERRED DISCOUNTS

30 Day Elimination Period

Issue	2 Year	5 Year	2 Year	5 Year
<u>Age</u>	Benefit Period	Benefit Period	<u>Benefit Period</u>	Benefit Period
20.24	45 70/	64.20/	42.007	F7 F0/
30-34	45.7%	64.3%	43.9%	57.5%
35-39	54.5%	80.6%	48.6%	71.7%
40	70.3%	98.0%	61.7%	87.1%
41	71.8%	100.6%	64.6%	90.1%
42	73.8%	101.8%	65.0%	89.9%
43	70.6%	97.4%	62.7%	86.0%
44	67.7%	92.4%	59.8%	82.2%
45	65.5%	89.9%	58.9%	80.7%
46	65.9%	88.7%	57.5%	83.2%
47	62.6%	85.0%	55.6%	81.9%
48	60.7%	83.9%	54.6%	78.6%
49	61.0%	84.1%	54.2%	75.4%
50	60.5%	83.4%	54.0%	73.9%
51	60.8%	84.0%	53.6%	74.5%
52	61.0%	84.3%	54.3%	74.9%
53	60.5%	83.4%	54.5%	74.1%
54	60.3%	83.0%	54.6%	73.3%
55	59.8%	81.5%	53.8%	72.4%
56	58.6%	79.0%	52.5%	70.1%
57	56.0%	75.3%	50.7%	66.5%
58	53.1%	72.1%	46.9%	63.0%
59	49.6%	68.1%	43.7%	59.3%
60	46.5%	65.0%	40.5%	56.0%
61	42.9%	61.2%	37.4%	52.7%
62	39.7%	57.2%	34.0%	49.0%
63	37.1%	54.2%	31.6%	45.9%
64	35.8%	52.3%	30.3%	44.1%
65	34.6%	50.6%	29.0%	42.3%
66	32.6%	48.4%	27.1%	40.1%
67	29.9%	45.7%	24.4%	37.5%
68	27.0%	43.2%	21.8%	34.9%
69	22.3%	38.4%	17.2%	30.3%
70	21.8%	37.8%	16.4%	29.9%
71	20.7%	35.1%	14.2%	27.8%
72	20.0%	31.8%	12.3%	25.2%
73	18.4%	27.4%	9.7%	21.5%
73 74	16.9%	25.0%	8.3%	20.9%
7.5 75	16.0%	25.0%	7.2%	22.3%
76	17.3%	30.5%	10.2%	26.8%
70 77	19.3%	36.0%	13.5%	31.5%
77 78	16.3%	35.5%	11.8%	30.5%
76 79	13.9%	35.2%	10.6%	29.9%
13	13.9 /0	JJ.2 /0	10.070	29.9 /0

### PROPOSED RATES FOR POLICIES ISSUED ON OR AFTER JUNE 1, 2001 BOTH POLICIES CONTAIN A SIMPLE AUTOMATIC INCREASE BENEFIT WITH SPOUSAL AND PREFERRED DISCOUNTS

30 Day Elimination Period

Issue	2 Year	5 Year	2 Year 5 Year	
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period Benefit Peri	iod
30-34	230.1%	298.5%	227.2% 284.0%	
35-39	261.0%	324.1%	251.9% 305.6%	
40	275.4%	339.1%	264.8% 319.7%	
41	273.1%	338.0%	264.0% 318.8%	
42	270.7%	332.8%	259.7% 310.8%	
43	259.5%	316.8%	247.0% 297.5%	
44	248.5%	301.0%	236.7% 284.2%	
45	237.8%	291.0%	228.9% 273.1%	
46	232.2%	282.3%	220.8% 270.5%	
47	221.2%	269.4%	211.4% 260.5%	
48	213.0%	261.2%	206.2% 249.8%	
49	209.1%	254.4%	200.0% 240.4%	
50	204.7%	247.1%	194.6% 232.5%	
51	200.6%	241.7%	190.7% 227.3%	
52	196.3%	236.7%	187.6% 222.1%	
53	191.1%	230.4%	182.9% 216.2%	
54	185.8%	225.2%	176.7% 210.6%	
55	178.9%	218.6%	171.0% 204.5%	
56	171.5%	209.8%	165.1% 196.7%	
57	164.5%	200.1%	157.1% 187.2%	
58	157.0%	190.2%	149.5% 177.2%	
59	150.4%	179.5%	142.8% 167.3%	
60	143.7%	170.3%	136.0% 158.2%	
61	136.5%	161.1%	129.5% 149.3%	
62	128.2%	151.3%	121.6% 140.2%	
63	120.6%	143.2%	113.8% 131.7%	
64	113.6%	136.3%	107.7% 125.5%	
65	107.5%	129.9%	101.4% 119.3%	
66	100.5%	123.7%	94.8% 113.3%	
67	93.9%	117.2%	88.4% 107.0%	
68	87.3%	110.9%	82.2% 100.9%	1
69	79.3%	102.4%	74.3% 92.8%	
70	76.4%	97.7%	70.8% 88.1%	
71	73.0%	90.7%	66.0% 81.3%	
72	70.2%	83.4%	61.8% 74.2%	
73	66.2%	74.3%	56.2% 65.2%	
74	62.6%	67.8%	52.2% 59.0%	
75	59.4%	62.2%	48.1% 54.0%	
76	57.9%	62.1%	47.4% 54.7%	
77	57.4%	62.9%	47.7% 55.7%	
78	53.4%	59.8%	44.4% 54.9%	
79	50.1%	59.3%	41.9% 54.5%	

### PROPOSED RATES FOR POLICIES ISSUED ON OR AFTER JUNE 1, 2001 BOTH POLICIES CONTAIN A COMPOUND AUTOMATIC INCREASE BENEFIT WITH SPOUSAL AND PREFERRED DISCOUNTS

30 Day Elimination Period

Issue	2 Year	5 Year	2 Year	5 Year
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period
30-34	553.8%	713.5%	551.9%	693.1%
35-39	544.4%	669.7%	529.6%	641.3%
40	478.3%	586.3%	465.4%	559.5%
41	452.3%	555.5%	439.8%	528.9%
42	427.2%	525.0%	415.1%	498.3%
43	397.3%	486.5%	386.1%	462.7%
44	369.6%	451.6%	357.1%	429.3%
45	345.0%	422.1%	335.2%	401.4%
46	323.9%	395.6%	311.7%	380.6%
47	297.9%	365.1%	288.1%	353.0%
48	282.1%	347.0%	273.3%	334.4%
49	268.7%	331.6%	260.1%	315.5%
50	255.7%	316.2%	247.3%	299.7%
51	244.0%	302.7%	235.4%	286.1%
52	232.9%	288.9%	225.0%	273.2%
53	220.6%	274.2%	212.8%	258.6%
54	208.9%	259.3%	201.3%	244.6%
55	196.2%	244.9%	189.1%	230.7%
56	184.5%	230.0%	177.5%	216.2%
57	172.6%	214.0%	165.6%	201.2%
58	160.2%	199.6%	153.8%	186.8%
59	149.2%	185.3%	142.7%	173.2%
60	138.8%	172.4%	132.1%	160.6%
61	128.4%	159.9%	122.1%	148.3%
62	117.3%	146.4%	111.4%	135.8%
63	107.1%	134.3%	101.0%	124.0%
64	97.8%	123.5%	92.5%	113.6%
65	89.1%	113.5%	84.0%	103.9%
66	80.6%	104.1%	75.6%	94.9%
67	72.4%	95.4%	67.5%	86.5%
68	64.5%	87.5%	60.5%	78.9%
69	56.1%	78.0%	52.0%	69.9%
70	51.3%	71.8%	47.0%	63.9%
71	46.8%	64.3%	41.4%	56.5%
72	43.0%	56.6%	36.3%	48.9%
73	38.5%	47.7%	30.6%	40.3%
74	34.3%	40.6%	26.2%	33.4%
75	31.2%	34.1%	21.7%	27.4%
76	29.3%	31.0%	19.9%	25.1%
77	28.4%	29.0%	19.1%	23.7%
78	25.2%	24.6%	16.0%	20.5%
79	22.5%	22.7%	13.7%	18.5%

### I. Historical Data - Countrywide

### 1. Calendar Year - 1997

<u>Issue Year</u> 1997	Earned Premium 345,017	Incurred Losses	Actual Loss Ratio 0%	Expected Loss Ratio 20%	<u>A/E Ratio</u> 0.00
2. Calendar Year - 1998					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,391,608	364	0%	21%	0.00
1998	3,583,233	13,616	0%	19%	0.02
Total	4,974,842	13,981	0%	19%	0.01
3. Calendar Year - 1999					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,336,113	10,270	1%	27%	0.03
1998	7,743,551	648,385	8%	21%	0.40
1999	8,602,334	382,046	4%	18%	0.25
Total	17,681,997	1,040,702	6%	20%	0.30
4. Calendar Year - 2000					
Issua Vaar	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Datio
<u>Issue Year</u> 1997	1,307,884	810,867	62%	32%	<u>A/E Ratio</u> 1.94
1998	7,443,122	1,591,096	21%	26%	0.81
1999	17,292,581	1,380,676	8%	20%	0.40
2000	13,288,060	103,585	1%	17%	0.04
Total	39,331,647	3,886,224	10%	21%	0.48
5. Calendar Year - 2001					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,274,742	623,559	49%	36%	1.35
1998	7,241,231	947,020	13%	31%	0.42
1999	16,667,497	1,497,925	9%	25%	0.36
2000	25,417,384	1,804,550	7%	20%	0.35
2001	10,634,705	4 072 054	0%	16%	0.00
Total	61,235,559	4,873,054	8%	22%	0.36
6. Calendar Year - 2002					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,157,235	571,886	49%	39%	1.25
1998	6,570,129	982,291	15%	35%	0.43
1999	15,514,417	2,016,574	13%	30%	0.43
2000 2001	23,419,025	3,747,380	16%	25%	0.64 0.19
2001	16,714,415 3,211,239	613,985 3,488	4% 0%	19% 15%	0.19
Total	66,586,460	7,935,604	12%	25%	0.48
7. Calendar Year - 2003	, ,	.,,			
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,121,391	525,003	47%	43%	1.09
1998 1999	6,262,513	1,977,318	32%	38%	0.84
2000	14,961,065 22,470,702	2,401,876 4,956,030	16% 22%	34% 29%	0.48 0.75
2000	15,581,065	1,313,856	8%	23%	0.75
2002	4,319,221	634,312	15%	18%	0.80
Total	64,715,957	11,808,395	18%	29%	0.63

### I. Historical Data - Countrywide (continued)

#### 8. Calendar Year - 2004

I	F 1 D	T 1 T	A - 4 1 T D - 4" -	Face of Allers Defin	A /E D - d' -
<u>Issue Year</u> 1997	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,100,204 6,147,852	360,613	33%	47%	0.70
		1,925,819	31%	41%	0.76
1999	14,551,892	4,769,171	33%	37%	0.90
2000	21,915,307	7,038,495	32%	33%	0.98
2001	14,982,760	3,057,470	20%	27%	0.75
2002	4,022,890	237,000	6%	22%	0.26
Total	62,720,906	17,388,568	28%	32%	0.86
9. Calendar Year - 2005					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,075,099	1,088,153	101%	52%	1.96
1998	6,048,942	1,530,746	25%	45%	0.56
1999	14,258,056	5,025,821	35%	40%	0.88
2000	21,471,279	5,047,659	24%	36%	0.66
2001	14,588,602	2,315,337	16%	30%	0.53
2002	3,889,834	406,272	10%	26%	0.40
Total	61,331,812	15,413,988	25%	36%	0.71
10. Calendar Year - 2006					
* **	F 15 :				
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,041,063	388,805	37%	57%	0.66
1998	5,934,879	3,992,743	67%	50%	1.35
1999	13,985,091	7,337,751	52%	44%	1.19
2000	21,115,415	8,326,787	39%	39%	1.01
2001	14,241,108	4,844,873	34%	33%	1.05
2002	3,822,553	1,115,710	29%	28%	1.03
Total	60,140,109	26,006,668	43%	39%	1.11
11. Calendar Year - 2007					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	1,008,984	1,068,076	106%	63%	1.68
1998	5,793,352	2,926,873	51%	55%	0.92
1999	13,759,495	5,099,927	37%	49%	0.76
2000	20,676,371	8,612,847	42%	43%	0.97
2001	13,960,976	4,518,853	32%	35%	0.92
2002	3,757,152	322,638	9%	31%	0.28
Total	58,956,329	22,549,214	38%	43%	0.90
12. Calendar Year - 2008					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	977,050	1,308,681	134%	70%	1.92
1998	5,650,407	5,312,601	94%	61%	1.55
1999	13,500,316	8,604,652	64%	54%	1.18
2000	20,207,271	9,155,081	45%	47%	0.96
2001	13,687,260	4,556,423	33%	38%	0.87
2002	3,701,174	1,178,004	32%	33%	0.95
Total	57,723,478	30,115,442	52%	47%	1.11
13. Calendar Year - 2009					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	945,791	1,088,897	115%	77%	1.49
1998	5,514,921	4,987,857	90%	68%	1.34
1999	13,187,988	8,639,067	66%	60%	1.09
2000	19,720,813	9,721,443	49%	52%	0.95
2001	13,367,913	5,289,026	40%	42%	0.94
2002	3,624,833	1,591,111	44%	36%	1.21
Total	56,362,259	31,317,400	56%	52%	1.08

### I. Historical Data - Countrywide (continued)

#### 14. Calendar Year - 2010

Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	919,524	817,043	89%	86%	1.04
1998	5,358,027	6,381,145	119%	75%	1.59
1999	12,872,236	8,974,713	70%	67%	1.04
2000	19,186,643	13,011,960	68%	58%	1.17
2001	13,054,253	4,625,533	35%	46%	0.77
2002	3,527,342	1,924,298	55%	40%	1.37
Total	54,918,024	35,734,692	65%	57%	1.14

### 15. Calendar Year - 2011

Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	894,107	1,020,265	114%	95%	1.20
1998	5,173,098	5,220,452	101%	84%	1.21
1999	12,562,758	14,094,487	112%	74%	1.51
2000	18,680,994	12,088,805	65%	64%	1.01
2001	12,718,910	6,999,933	55%	51%	1.08
2002	3,473,316	1,399,037	40%	44%	0.92
Total	53,503,183	40,822,978	76%	63%	1.20

#### 16. Calendar Year - 2012

Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1997	866,438	1,021,425	118%	106%	1.11
1998	4,997,301	6,342,341	127%	93%	1.36
1999	12,203,049	13,702,312	112%	83%	1.35
2000	18,199,839	16,075,919	88%	72%	1.23
2001	12,422,743	7,342,272	59%	56%	1.05
2002	3,414,652	2,004,361	59%	48%	1.22
Total	52,104,022	46,488,630	89%	70%	1.27

#### 17. All Calendar Years (by duration)

Duration determined by calculating the difference between the calendar year and issue year +1

	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1	39,664,588	502,735	1%	17%	0.07
2	72,878,761	5,082,272	7%	20%	0.35
3	68,469,712	8,397,527	12%	25%	0.50
4	65,406,827	12,194,234	19%	29%	0.64
5	63,132,399	14,477,268	23%	32%	0.71
6	61,441,180	17,533,545	29%	35%	0.81
7	60,304,864	21,500,286	36%	38%	0.93
8	59,122,701	23,989,492	41%	42%	0.97
9	57,871,999	26,549,229	46%	46%	0.99
10	56,583,113	27,666,342	49%	51%	0.96
11	55,167,585	37,035,997	67%	56%	1.19
12	50,467,943	34,702,328	69%	63%	1.09
13	37,066,414	37,640,448	102%	73%	1.39
14	18,295,671	19,739,807	108%	83%	1.29
15	5,891,408	7,362,606	125%	94%	1.33
16	866,438	1,021,425	118%	106%	1.11
Total	772,631,601	295,395,542	38%	38%	1.01

### II.

I. Historical Data - Virginia					
1. Calendar Year - 1998					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	88,619	-	0%	20%	0.00
2. Calendar Year - 1999					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	152,934	392	0%	24%	0.01
1999	242,299	38,156	16%	18%	0.86
Total	395,233	38,549	10%	20%	0.48
3. Calendar Year - 2000					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	143,965	22,910	16%	29%	0.55
1999	443,151	· -	0%	21%	0.00
2000	297,212	_	0%	19%	0.00
Total	884,329	22,910	3%	21%	0.12
4. Calendar Year - 2001					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
<u>issue rear</u> 1998	140,216	iliculted Losses	0%	33%	0.00
1998	430,876	-	0%	26%	0.00
		-	0%		
2000	574,588	-		21%	0.00
2001 Total	288,898	-	0% 0%	17%	0.00
Totai	1,434,579	-	0%	23%	0.00
5. Calendar Year - 2002					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	130,707		0%	36%	0.00
1999	406,635	53,611	13%	31%	0.42
2000	529,627	-	0%	26%	0.00
2001	481,126	163,242	34%	20%	1.69
2002	146,451	103,242	0%	16%	0.00
Total	1,694,546	216,853	13%	25%	0.51
6. Calendar Year - 2003	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,			
Issue Year					
	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	119,584	67,946	57%	39%	1.46
1998 1999	119,584 381,101	67,946 203,548	57% 53%	39% 35%	1.46 1.53
1998 1999 2000	119,584 381,101 491,990	67,946	57% 53% 51%	39% 35% 31%	1.46 1.53 1.65
1998 1999 2000 2001	119,584 381,101 491,990 445,697	67,946 203,548	57% 53% 51% 0%	39% 35% 31% 25%	1.46 1.53 1.65 0.00
1998 1999 2000 2001 2002	119,584 381,101 491,990 445,697 159,668	67,946 203,548 248,951	57% 53% 51% 0% 0%	39% 35% 31% 25% 20%	1.46 1.53 1.65 0.00 0.00
1998 1999 2000 2001	119,584 381,101 491,990 445,697	67,946 203,548 248,951	57% 53% 51% 0%	39% 35% 31% 25%	1.46 1.53 1.65 0.00
1998 1999 2000 2001 2002	119,584 381,101 491,990 445,697 159,668	67,946 203,548 248,951	57% 53% 51% 0% 0%	39% 35% 31% 25% 20%	1.46 1.53 1.65 0.00 0.00
1998 1999 2000 2001 2002 Total	119,584 381,101 491,990 445,697 159,668	67,946 203,548 248,951	57% 53% 51% 0% 0%	39% 35% 31% 25% 20%	1.46 1.53 1.65 0.00 0.00
1998 1999 2000 2001 2002 Total 7. Calendar Year - 2004	119,584 381,101 491,990 445,697 159,668 1,598,039	67,946 203,548 248,951 - - 520,445	57% 53% 51% 0% 0% 33%	39% 35% 31% 25% 20% 29%	1.46 1.53 1.65 0.00 0.00 1.11
1998 1999 2000 2001 2002 Total 7. Calendar Year - 2004	119,584 381,101 491,990 445,697 159,668 1,598,039	67,946 203,548 248,951 - - 520,445	57% 53% 51% 0% 0% 33%	39% 35% 31% 25% 20% 29%	1.46 1.53 1.65 0.00 0.00 1.11
1998 1999 2000 2001 2002 Total 7. Calendar Year - 2004 <u>Issue Year</u> 1998	119,584 381,101 491,990 445,697 159,668 1,598,039 <u>Earned Premium</u> 115,199	67,946 203,548 248,951 - - 520,445	57% 53% 51% 0% 0% 33% Actual Loss Ratio 0%	39% 35% 31% 25% 20% 29% Expected Loss Ratio 42%	1.46 1.53 1.65 0.00 0.00 1.11 <u>A/E Ratio</u> 0.00
1998 1999 2000 2001 2002 Total 7. Calendar Year - 2004 <u>Issue Year</u> 1998 1999	119,584 381,101 491,990 445,697 159,668 1,598,039 <u>Earned Premium</u> 115,199 378,489	67,946 203,548 248,951 - - 520,445	57% 53% 51% 0% 0% 33%  Actual Loss Ratio 0% 0%	39% 35% 31% 25% 20% 29% Expected Loss Ratio 42% 38%	1.46 1.53 1.65 0.00 0.00 1.11 <u>A/E Ratio</u> 0.00 0.00
1998 1999 2000 2001 2002 Total 7. Calendar Year - 2004 <u>Issue Year</u> 1998 1999 2000	119,584 381,101 491,990 445,697 159,668 1,598,039 Earned Premium 115,199 378,489 481,191	67,946 203,548 248,951 - - 520,445 Incurred Losses - -	57% 53% 51% 0% 0% 33%  Actual Loss Ratio 0% 0% 0%	39% 35% 31% 25% 20% 29% Expected Loss Ratio 42% 38% 34%	1.46 1.53 1.65 0.00 0.00 1.11 <u>A/E Ratio</u> 0.00 0.00 0.00
1998 1999 2000 2001 2002 Total 7. Calendar Year - 2004 <u>Issue Year</u> 1998 1999 2000 2001	119,584 381,101 491,990 445,697 159,668 1,598,039  Earned Premium 115,199 378,489 481,191 437,736	67,946 203,548 248,951 - - 520,445 Incurred Losses - -	57% 53% 51% 0% 0% 0% 33%  Actual Loss Ratio 0% 0% 0% 76%	39% 35% 31% 25% 20% 29% Expected Loss Ratio 42% 38% 34% 29%	1.46 1.53 1.65 0.00 0.00 1.11 <u>A/E Ratio</u> 0.00 0.00 0.00 2.64

### II. Historical Data - Virginia (continued)

### 8. Calendar Year - 2005

8. Calendar Tear - 2003					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	122,557	-	0%	45%	0.00
1999	368,273	739,317	201%	42%	4.80
2000	473,877	-	0%	37%	0.00
2001	431,511	-	0%	32%	0.00
2002	155,644	-	0%	28%	0.00
Total	1,551,861	739,317	48%	36%	1.32
9. Calendar Year - 2006					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	111,964	meured Losses	0%	49%	0.00
1999	367,641	_	0%	46%	0.00
2000	461,687	_	0%	40%	0.00
2001	423,109	432,020	102%	34%	3.00
2002	155,202	26,869	17%	31%	0.56
Total	1,519,602	458,889	30%	39%	0.77
10. Calendar Year - 2007					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	106,567	iliculted Losses	0%	53%	0.00
1999	363,357		0%	51%	0.00
2000	456,475	_	0%	43%	0.00
2001	415,977		0%	37%	0.00
2002	154,380		0%	34%	0.00
Total	1,496,756	-	0%	43%	0.00
11. Calendar Year - 2008					
I V	E I Di	I	A - 4 1 T D - 4:-	Francis d I and Badia	A /E D -4:-
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	105,526	9,062	9%	58%	0.15
1999	358,033	- 72.102	0%	56%	0.00
2000	450,947	72,102	16%	47%	0.34
2001	416,254	8,886	2%	40%	0.05
2002	152,829	18,729	12%	37%	0.33
Total	1,483,589	108,780	7%	47%	0.16
12. Calendar Year - 2009					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	100,201	-	0%	63%	0.00
1999	342,380	95,331	28%	62%	0.45
2000	443,494	1,000,417	226%	52%	4.36
2001	408,161	64,025	16%	44%	0.35
2002	144,931	208,356	144%	41%	3.53
Total	1,439,167	1,368,129	95%	52%	1.84
13. Calendar Year - 2010					
I V	F1 Di	I	A1 I D	Francis d I and Badia	A /E D -4:-
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998 1999	98,698	179,752	182%	69%	2.62
	330,489	207,910	63%	69%	0.91
2000	436,247	419,344	96%	57%	1.69
2001	397,936	-	0%	49%	0.00
2002 Total	142,199 1,405,568	807,005	0% 57%	45% 57%	0.00 1.01
14. Calendar Year - 2011	1,403,500	607,003	3770	3770	1.01
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	98,069	472	0%	76%	0.01
1999	321,148	219,357	68%	77%	0.89
2000	424,744	1,682	0%	63%	0.01
2001	382,644	301,230	79%	54%	1.46
2002	139,864	370	0%	50%	0.01
Total	1,366,470	523,111	38%	63%	0.61
15. Calendar Year - 2012					
Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1998	98,034	40,783	42%	84%	0.49
1999	314,688	571,696	182%	86%	2.11
2000	420,771	514,503	122%	69%	1.77
2001	374,789	232,822	62%	60%	1.04
2002	138,389	234,984	170%	56%	3.03
Total	1,346,673	1,594,788	118%	70%	1.70

17. All Calendar Years (by duration)

Duration determined by calculating the difference between the calendar year and issue year +1

	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	A/E Ratio
1	1,063,479	38,156	4%	18%	0.20
2	1,811,468	163,634	9%	21%	0.43
3	1,709,376	22,910	1%	26%	0.05
4	1,632,222	633,389	39%	30%	1.28
5	1,579,711	230,418	15%	33%	0.44
6	1,549,439	499,966	32%	36%	0.89
7	1,513,965	758,047	50%	39%	1.27
8	1,507,858	217,242	14%	43%	0.33
9	1,476,627	136,127	9%	47%	0.20
10	1,445,894	1,000,787	69%	52%	1.33
11	1,405,187	1,059,952	75%	57%	1.32
12	1,230,222	442,414	36%	63%	0.57
13	840,618	913,611	109%	72%	1.51
14	412,758	572,168	139%	83%	1.67
15	98,034	40,783	42%	84%	0.49
Total	19,276,859	6,729,603	35%	39%	0.91

### **Lapse and Mortality Experience Study Document**

Actual Countrywide Voluntary Lapse Experience - Long Term Care Form 97045

Duration	Exposures	# of Lapses	Lapse Rate
1	61,698	3,612	5.85%
2	57,956	2,549	4.40%
3	55,194	1,497	2.71%
4	53,452	996	1.86%
5	52,196	730	1.40%
6	51,151	528	1.03%
7	50,291	424	0.84%
8	49,465	417	0.84%
9	46,423	386	0.83%
10+	100,943	717	0.71%

Ultimate Lapse rate assumed in experience projection is .70%

### **Actual Countrywide Mortality Experience - All Long Term Care Forms**

Duration	Exposures	Actual Deaths	Assumed Mortality Factor	Calculated Mortality Factor
1	157,739	209	28%	28%
2	142,635	389	50%	50%
3	131,755	457	58%	58%
4	120,922	495	62%	62%
5	111,403	582	73%	73%
6	102,936	554	68%	68%
7	95,044	644	79%	79%
8	85,778	666	83%	83%
9	71,409	670	91%	91%
10	51,088	552	92%	92%
11	62,820	820	91%	93%

The mortality factors are applied to 2012 IAM static table The ultimate mortality factor used in the projections is 91%

### **Actual to Expected Results**

Original persistency assumptions combined both lapses and mortality.

For the actual to expected comparison, the actual mortality rate and lapse rates will be combined.

Duration	Actual Total Lapse Rate	Expected Total Lapse Rate	Actual to Expected
1	5.99%	9.2%	65%
2	4.67%	6.6%	71%
3	3.06%	5.7%	54%
4	2.27%	5.6%	40%
5	1.92%	5.6%	34%
6	1.57%	5.6%	28%
7	1.52%	5.6%	27%
8	1.62%	5.6%	29%
9	1.77%	6.0%	30%
10	1.79%	6.0%	30%



# 97045 Series In-Force Rate Increase Filing Status

		First Rate I	ncrease Filing		Second Rate Increase Filing			
State	Approval Date	Filing Status	Average % Requested	Average % Approved	Approval Date	Filing Status	Average % Requested	Average % Approved
Alabama	May-12	Approved	37%	37%	Apr-13	Approved	29%	19%
Alaska	Mar-12	Approved	37%	37%	May-13	Approved	27%	27%
Arizona	Mar-13	Approved	37%	37%	Disappr.	Disapproved	27%	0%
Arkansas	Apr-13	Approved	37%	5%	ызаррі.	Not Yet Filed	2770	070
California	Api-13	Pending	37%	3/0		Not Yet Filed		
Colorado	Apr-13	•	37%	37%	Disappr		31%	0%
	· ·	Approved		37% 0%	Disappr.	Disapproved	31%	0%
Connecticut	Disappr.	Disapproved	37%		0.143	Not Yet Filed	270/	4.50/
Delaware	Nov-12	Approved	25%	15%	Oct-13	Approved	37%	16%
District of Columbia	Dec-12	Approved	10%	10%	May-13	Approved	9%	9%
Florida		Pending	37%			Not Yet Filed		
Georgia	May-12	Approved	37%	12%	May-13	Approved	38%	15%
Hawaii	Mar-13	Approved	37%	37%**		Not Yet Filed		
Idaho	Oct-12	Approved	37%	37%	Oct-13	Approved	28%	14%
Illinois	Apr-12	Approved	37%	37%	Nov-13	Approved	31%	31%
Indiana	Feb-13	Approved	37%	17%	Nov-13	Approved	34%	9%
Iowa	Aug-12	Approved	37%	18%	Jul-13	Approved	36%	36%**
Kansas	Jun-12	Approved	37%	10%		Pending	30%	
Kentucky	Jun-12	Approved	37%	37%	Jul-13	Approved	31%	10%
Louisiana	Aug-13	Approved	37%	24%		Pending	36%	
Maine	Jun-13	Approved	37%	31%**		Not Yet Filed		
Maryland	May-12	Approved	15%	15%	Apr-13	Approved	36%	15%
Michigan	May-12	Approved	37%	37%	Apr-13	Approved	29%	29%
Minnesota	Disappr.	Disapproved	37%	0%	'	Not Yet Filed		
Mississippi	Aug-12	Approved	23%	23%	May-13	Approved	33%	23%
Missouri	Sep-12	Approved	37%	37%**	, ==	Not Yet Filed		
Montana	Aug-12	Approved	37%	19%	May-13	Approved	35%	19%
Nebraska	Oct-12	Approved	37%	19%	Mar-13	Approved	35%	35%
Nevada	Sep-12	Approved	37%	10%	Sep-13	Approved	39%	39%**
New Hampshire	Apr-12	Approved	37%	37%	Disappr.	Disapproved	33%	0%
New Mexico	Disappr.	Disapproved	37%	0%	Disappr.	Disapproved	37%	0%
New York	Oct-13	Approved	10%	10%	ызаррі.	Not Yet Filed	3770	070
			37%		Diaman		200/	0%
North Carolina	Jun-13	Approved		37%	Disappr.	Disapproved	38%	
North Dakota	Oct-12	Approved	37%	15%	Aug-13	Approved	37%	15%
Ohio	Jun-12	Approved	37%	21%		Pending	36%	222/
Oklahoma	May-12	Approved	37%	24%	Apr-13	Approved	33%	23%
Oregon	Oct-13	Approved	37%	37%		Not Yet Filed		
Pennsylvania	Oct-12	Approved	37%	15%	Sep-13	Approved	37%	14%
South Carolina	Oct-12	Approved	37%	19%	May-13	Approved	35%	19%
South Dakota	Aug-12	Approved	37%	37%	Jul-13	Approved	30%	30%
Tennessee	Jun-12	Approved	37%	37%	Sep-13	Approved	32%	32%
Texas	Aug-12	Approved	37%	25%		Not Yet Filed	35%	
Utah	Aug-12	Approved	37%	37%	Disappr.	Disapproved	29%	0%
Vermont	Disappr.	Disapproved	37%	0%	1	Pending	39%	
Virginia		Pending	37%			Not Yet Filed		
Washington	Jan-13	Approved	37%	37%	Oct-13	Approved	30%	30%
West Virginia	Apr-12	Approved	37%	37%	Aug-13	Approved	32%	16%
Wisconsin	Jun-12	Approved	22%	22%		Not Yet Filed		
Wyoming	May-12	Approved	37%	37%	Jun-13	Approved	29%	29%
Grand Total	<u> </u>		37%	16%			34%	

<sup>\*\*</sup>Rate increase phased-in over two years

(LTR NAME: LTCI EARLY RATE INCREASE NOTIFICATION-NO CAP)

(CHANGED: 06-03-13) (CARBON COPIES: 2)

(DUPLEX: Y)

(DISPLAY LETTER: Y) <CURRENT DATE>

- <INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Form Number: 97045

## Dear <INSURED LAST NAME>:

### <BEGIN BODY>

As a valued customer, we are proud to serve your insurance and financial services' needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need – when you need it most.

As the costs of Long-Term care and the frequency of LTCI claims continue to rise, Long-Term Care Insurance providers are faced with pricing challenges. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm

Long-Term Care insurance policy premium will increase effective at your next policy anniversary.

Your new renewal premium will be \$<NEW RENEWAL AMOUNT>, effective on the Anniversary date of your policy, <ANNIVERSARY DATE>. Your billing notice will reflect the new premium.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability.

Your current benefit selections include:

### **#BEGIN TABLE**

- Base daily benefit \$<BEN AMT> (does not include inflation protection benefit increases)
- Benefit factor <BEN PERIOD>
- Elimination period <ELIM PERIOD>
- Inflation protection Simple
- Non-Forfeiture rider Yes

#### **#END TABLE**

Long-Term Care Insurance premium rates are not guaranteed and could be increased again in the future if rates are determined to be inadequate to support future claims obligations.

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

We appreciate your business and value you as a Long-Term Care customer. <END OF BODY> Sincerely, Policyholder Service
Health Insurance Division
<#CO NAME 1><#CO NAME 2><#CO NAME 3>

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>



## 97045 Series In-Force Rate Increase Filing Status

				First Rate Increase	Filing			Second Rate	Increase Filing	
State	Annualized Premium	Filing Date	Approval Date	Filing Status	Average % Requested	Average % Approved	Approval Date	Filing Status	Average % Requested	Average % Approved
Alabama	714,469	Jan-12	May-12	Approved	37%	37%	Apr-13	Approved	29%	19%
Alaska	268,156	Jan-12 Jan-12	Mar-12	Approved	37%	37%	May-13	Approved	27%	27%
Arizona	802,426	Mar-13	Mar-13	Approved	37%	37% 37%	Disappr.	Disapproved	27%	0%
Arkansas		Feb-13			37%	5%	Disappi.	Not Yet Filed	2170	0%
	289,246 9,292,295		Apr-13	Approved	37%	5%				
California Colorado	1,401,478	Jun-12 Feb-13	Apr-13	Pending Approved	37%	37%	Disappr.	Not Yet Filed Disapproved	31%	0%
				• • •	37%	0%	Disappi.		3170	0%
Connecticut Delaware	59,168 107,998	Apr-13 Jul-12	Disappr. Nov-12	Disapproved Approved	25%	15%	Oct-13	Not Yet Filed Approved	37%	16%
	22,285		Dec-12			10%			37% 9%	9%
District of Columbia	,	Aug-12	Dec-12	Approved	10%	10%	May-13	Approved	9%	9%
Florida	3,314,336	Feb-13	14 12	Pending	37%	120/	14 42	Not Yet Filed	200/	450/
Georgia	1,154,485	Feb-12	May-12	Approved	37%	12%	May-13	Approved	38%	15%
Hawaii	519,711	Oct-12	Mar-13	Approved	37%	37%**	0.40	Not Yet Filed	200/	4.40/
Idaho	254,222	Jul-12	Oct-12	Approved	37%	37%	Oct-13	Approved	28%	14%
Illinois	2,606,662	Jan-12	Apr-12	Approved	37%	37%	Nov-13	Approved	31%	31%
Indiana .	834,898	Aug-12	Feb-13	Approved	37%	17%	Nov-13	Approved	34%	9%
Iowa	1,485,220	Jan-12	Aug-12	Approved	37%	18%	Jul-13	Approved	36%	36%**
Kansas	1,061,937	Mar-12	Jun-12	Approved	37%	10%		Pending	30%	
Kentucky	393,062	Mar-12	Jun-12	Approved	37%	37%	Jul-13	Approved	31%	10%
Louisiana	705,600	Feb-13	Aug-13	Approved	37%	24%	Dec-13	Approved	36%	22%
Maine	105,274	Mar-13	Jun-13	Approved	37%	31%**		Not Yet Filed		
Maryland	1,499,197	Apr-12	May-12	Approved	15%	15%	Apr-13	Approved	36%	15%
Michigan	947,846	Jan-12	May-12	Approved	37%	37%	Apr-13	Approved	29%	29%
Minnesota	1,205,808	Jul-12	Disappr.	Disapproved	37%	0%		Pending	37%	
Mississippi	496,293	Jun-12	Aug-12	Approved	23%	23%	May-13	Approved	33%	23%
Missouri	1,693,429	Feb-12	Sep-12	Approved	37%	37%**		Not Yet Filed		
Montana	140,853	Jul-12	Aug-12	Approved	37%	19%	May-13	Approved	35%	19%
Nebraska	1,334,614	Feb-12	Oct-12	Approved	37%	19%	Mar-13	Approved	35%	35%
Nevada	267,135	Jul-12	Sep-12	Approved	37%	10%	Sep-13	Approved	39%	39%**
New Hampshire	80,980	Feb-12	Apr-12	Approved	37%	37%	Disappr.	Disapproved	33%	0%
New Mexico	394,527	Mar-12	Disappr.	Disapproved	37%	0%	Oct-13	Approved	37%	15%
New York	1,090,365	Apr-13	Oct-13	Approved	10%	10%		Not Yet Filed		
North Carolina	981,273	Aug-12	Jun-13	Approved	37%	37%	Disappr.	Disapproved	38%	0%
North Dakota	238,911	Jul-12	Oct-12	Approved	37%	15%	Aug-13	Approved	37%	15%
Ohio	1,706,495	Jun-12	Jun-12	Approved	37%	21%		Pending	36%	
Oklahoma	654,732	Feb-12	May-12	Approved	37%	24%	Apr-13	Approved	33%	23%
Oregon	826,876	Jul-12	Oct-13	Approved	37%	37%		Not Yet Filed		
Pennsylvania	1,438,806	Jun-12	Oct-12	Approved	37%	15%	Sep-13	Approved	37%	14%
South Carolina	569,875	Jan-12	Oct-12	Approved	37%	19%	May-13	Approved	35%	19%
South Dakota	542,639	Jul-12	Aug-12	Approved	37%	37%	Jul-13	Approved	30%	30%
Tennessee	714,873	Mar-12	Jun-12	Approved	37%	37%	Sep-13	Approved	32%	32%
Texas	5,732,564	Jun-12	Aug-12	Approved	37%	25%		Not Yet Filed	35%	
Utah	187,914	May-12	Aug-12	Approved	37%	37%	Disappr.	Disapproved	29%	0%
Vermont	86,560	Mar-12	Disappr.	Disapproved	37%	0%		Pending	39%	
Virginia	1,338,149	Dec-13*		Not Filed	37%			Pending	37%	
Washington	762,453	Jul-12	Jan-13	Approved	37%	37%	Oct-13	Approved	30%	30%
West Virginia	215,180	Jan-12	Apr-12	Approved	37%	37%	Aug-13	Approved	32%	16%
Wisconsin	844,240	May-12	Jun-12	Approved	22%	22%		Not Yet Filed		
Wyoming	186,450	Jan-12	May-12	Approved	37%	37%	Jun-13	Approved	29%	29%
Grand Total	51,571,966		-		37%	16%			34%	

<sup>\*\*</sup>Rate increase phased-in over two years

#### Actual and Projected Nationwide Experience

			Actual			
Year	Earned Premium	Incurred Claims	DLR	IBNR	ALR	Loss Ratio
1997	345,017	=			311,593	0.0%
1998	4,974,842	13,981			2,346,760	0.3%
1999	17,681,997	1,040,702			9,066,315	5.9%
2000	39,331,647	3,886,224	103,698		23,414,151	9.9%
2001	61,235,559	4,873,054	95,299		43,067,716	8.0%
2002	66,586,460	7,935,604	152,598		63,452,678	11.9%
2003	64,715,957	11,808,395	742,904		88,147,490	18.2%
2004	62,720,906	17,388,568	1,849,064		110,532,898	27.7%
2005	61,331,812	15,413,988	1,651,443		133,894,928	25.1%
2006	60,140,109	26,006,668	2,834,072		157,926,146	43.2%
2007	58,956,329	22,549,214	2,518,743		182,560,411	38.2%
2008	57,723,478	30,115,442	8,555,526		207,465,928	52.2%
2009	56,362,259	31,317,400	12,462,079		232,250,604	55.6%
2010	54,918,024	35,734,692	18,380,936		257,512,947	65.1%
2011	53,503,183	40,822,978	28,461,894	199,740	283,448,950	76.3%
2012	52,104,022	46,488,630	28,854,535	13,158,450	312,848,473	89.2%
Total	772,631,601	295,395,542				38.2%

			Projection		
Projection	Earned Premium	Earned Premium	-	Loss Ratio	Loss Ratio
Year	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
2013	52,517,545	52,583,916	52,513,592	100.0%	99.9%
2014	52,791,155	59,650,052	59,078,796	111.9%	99.0%
2015	51,357,965	68,368,669	66,232,972	129.0%	96.9%
2016	49,431,281	66,426,975	74,025,868	149.8%	111.4%
2017	47,459,782	63,852,966	81,657,784	172.1%	127.9%
2018	45,449,271	61,220,481	89,731,484	197.4%	146.6%
2019	43,406,283	58,537,509	98,110,221	226.0%	167.6%
2020	41,337,413	55,812,401	106,767,369	258.3%	191.3%
2021	39,250,640	53,055,560	115,739,632	294.9%	218.1%
2022	37,155,281	50,279,271	124,966,179	336.3%	248.5%
2023	35,061,345	47,496,984	134,258,565	382.9%	282.7%
2024	32,978,255	44,721,528	143,438,799	434.9%	320.7%
2025	30,914,606	41,964,908	152,421,328	493.0%	363.2%
2026	28,879,575	39,240,079	161,076,070	557.8%	410.5%
2027	26,883,447	36,561,468	169,330,265	629.9%	463.1%
2028	24,936,468	33,943,514	177,025,655	709.9%	521.5%
2029	23,047,755	31,399,061	183,936,034	798.1%	585.8%
2030	21,224,196	28,938,074	189,951,496	895.0%	656.4%
2031	19,472,035	26,569,743	195,102,791	1002.0%	734.3%
2032	17,797,666	24,303,330	199,478,590	1120.8%	820.8%
2032	16,207,226	22,147,643	203,031,013	1252.7%	916.7%
2034	14,705,125	20,109,108	205,523,834	1397.6%	1022.0%
2034	13,293,398	18,190,965	206,697,795	1554.9%	1136.3%
2036	11,972,730	16,394,641	206,530,733	1725.0%	1259.7%
2037	10,744,004	14,721,717	205,413,624	1911.9%	1395.3%
2037	9,607,710	13,173,184	203,572,790	2118.8%	1545.4%
2039	8,562,685	11,747,736	200,985,957	2347.2%	1710.8%
2039			· ·	2347.2% 2595.6%	1710.8%
2040	7,605,860	10,441,507	197,416,346	2595.6%	2085.8%
	6,733,365	9,249,495	192,926,065		
2042	5,941,729	8,167,186	187,980,737	3163.7%	2301.7%
2043	5,227,166	7,189,556	182,817,683	3497.5%	2542.8%
2044	4,585,049	6,310,400	177,395,615	3869.0%	2811.2%
2045	4,010,061	5,522,599	171,618,377	4279.7%	3107.6%
2046	3,496,859	4,818,974	165,648,954	4737.1%	3437.4%
2047	3,040,641	4,193,053	159,801,834	5255.5%	3811.1%
2048	2,636,670	3,638,416	154,046,577	5842.5%	4233.9%
2049	2,280,155	3,148,546	148,092,465	6494.8%	4703.5%
2050	1,966,286	2,716,923	141,626,256	7202.7%	5212.7%
2051	1,690,463	2,337,318	134,593,841	7962.0%	5758.5%
2052	1,448,339	2,003,815	127,130,695	8777.7%	6344.4%
2053	1,236,319	1,711,522	119,338,909	9652.8%	6972.7%
2054	1,050,975	1,455,776	111,286,594	10588.9%	7644.5%
2055	889,292	1,232,483	102,899,872	11571.0%	8349.0%
2056	748,501	1,037,876	94,206,288	12586.0%	9076.8%
2057	626,247	868,759	85,352,078	13629.1%	9824.6%
2058	520,165	721,902	76,221,294	14653.3%	10558.4%
2059	429,068	595,699	66,757,281	15558.7%	11206.5%
2060	351,135	487,667	57,099,184	16261.3%	11708.6%
2061	284,951	395,868	47,563,215	16691.7%	12014.9%
2062	229,139	318,418	38,856,139	16957.5%	12202.9%
Total	863,473,276	1,139,975,243	6,947,275,537	804.6%	609.4%

	Earned Premium Without Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio Without Increase	Loss Ratio With Increase
Past Experience	772,631,601	772,631,601	295,395,542	38.2%	38.2%
Anticipated Experience	863,473,276	1,139,975,243	6,947,275,537	804.6%	609.4%
Lifetime Experience	1,636,104,877	1,912,606,844	7,242,671,078	442.7%	378.7%
2 15 . 045	4 070 000 044	4 070 025 244	250 555 225	24.20/	24.29
Past Experience @4.5%	1,078,926,341	1,078,926,341	369,655,235	34.3%	34.3%
Anticipated Experience @4.5%	574,308,026	746,814,027	2,747,922,850	478.5%	368.0%
Lifetime Experience @4.5%	1,653,234,368	1,825,740,368	3,117,578,085	188.6%	170.8%

#### Actual and Projected Virginia Experience

			Actual			
Year	Earned Premium	Incurred Claims	DLR	IBNR	ALR	Loss Ratio
1997						
1998	88,619	=			28,170	0.0%
1999	395,233	38,549			168,291	9.8%
2000	884,329	22,910			495,115	2.6%
2001	1,434,579	=			1,003,303	0.0%
2002	1,694,546	216,853			1,433,725	12.8%
2003	1,598,039	520,445			2,042,619	32.6%
2004	1,571,826	330,827			2,611,408	21.0%
2005	1,551,861	739,317	76,481		3,192,091	47.6%
2006	1,519,602	458,889	181,624		3,775,907	30.2%
2007	1,496,756	=	=		4,431,016	0.0%
2008	1,483,589	108,780	-		5,083,985	7.3%
2009	1,439,167	1,368,129	697,371		5,625,762	95.1%
2010	1,405,568	807,005	437,659		6,330,394	57.4%
2011	1,366,470	523,111	381,465	5,177	6,935,271	38.3%
2012	1,346,673	1,594,788	1,054,520	343,737	7,752,693	118.4%
Total	19,276,859	6,729,603				34.9%

Projection Year	Earned Premium	Fernand Danasirius			
		Earned Premium		Loss Ratio	Loss Ratio
	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
2013	1,310,969	1,315,393	1,315,413	100.3%	100.0%
2014	1,266,019	1,544,865	1,476,388	116.6%	95.6%
2015	1,220,331	1,675,625	1,653,488	135.5%	98.7%
2016	1,173,957	1,614,503	1,848,332	157.4%	114.5%
2017	1,126,932	1,552,276	2,042,598	181.3%	131.6%
2018	1,079,301	1,488,980	2,249,758	208.4%	151.1%
2019	1,031,120	1,424,667	2,467,712	239.3%	173.2%
2020	982,450	1,359,413	2,694,608	274.3%	198.2%
2021	933,389	1,293,353	2,930,607	314.0%	226.6%
2022	884,100	1,226,700	3,176,254	359.3%	258.9%
2023	834,783	1,159,729	3,424,813	410.3%	295.3%
2024	785,638	1,092,721	3,668,006	466.9%	335.7%
2025	736,798	1,025,884	3,905,250	530.0%	380.7%
2026	688,575	959,650	4,136,124	600.7%	431.0%
2027	641,129	894,275	4,351,988	678.8%	486.6%
2028	594,713	830,133	4,547,692	764.7%	547.8%
2029	549,537	767,547	4,720,115	858.9%	615.0%
2030	505,798	706,821	4,720,113	962.7%	688.9%
	· ·	·			
2031	463,672	648,227	4,993,344	1076.9%	770.3%
2032	423,322	592,017	5,087,872	1201.9%	859.4%
2033	384,914	538,446	5,154,026	1339.0%	957.2%
2034	348,571	487,707	5,185,146	1487.5%	1063.2%
2035	314,380	439,939	5,178,930	1647.3%	1177.2%
2036	282,381	395,209	5,148,855	1823.4%	1302.8%
2037	252,631	353,603	5,093,165	2016.0%	1440.4%
2038	225,140	315,144	5,016,496	2228.2%	1591.8%
2039	199,906	279,832	4,916,368	2459.3%	1756.9%
2040	176,833	247,538	4,787,472	2707.3%	1934.0%
2041	155,830	218,142	4,641,122	2978.3%	2127.6%
2042	136,824	191,537	4,478,420	3273.1%	2338.2%
2043	119,744	167,628	4,314,780	3603.3%	2574.0%
2044	104,450	146,218	4,148,130	3971.4%	2836.9%
2045	90,792	127,098	3,964,757	4366.9%	3119.4%
2046	78,626	110,067	3,767,214	4791.3%	3422.7%
2047	67,862	94,999	3,555,349	5239.1%	3742.5%
2048	58,352	81,686	3,343,876	5730.6%	4093.6%
2049	49,990	69,980	3,140,052	6281.4%	4487.0%
2050	42,664	59,726	2,931,930	6872.1%	4909.0%
2051	36,268	50,771	2,724,503	7512.2%	5366.2%
2052	30,709	42,990	2,510,504	8175.1%	5839.7%
2053	25,889	36,243	2,300,524	8886.1%	6347.6%
2054	21,699	30,377	2,106,460	9707.8%	6934.5%
2055	18,096	25,333	1,925,305	10639.3%	7599.9%
2055	15,000	25,333	1,750,514	11670.3%	7599.9% 8336.2%
2056	· ·	·			
	12,368	17,314	1,585,415	12818.8%	9156.6%
2058	10,137	14,191	1,430,331	14110.2%	10079.0%
2059	8,259	11,563	1,265,229	15318.9%	10942.3%
2060	6,679	9,351	1,093,564	16372.9%	11695.1%
2061	5,364	7,509	916,875	17094.1%	12210.2%
2062 Total	4,278 20,517,170	5,989 27,769,908	753,375 164,688,514	17610.7% 802.7%	12579.2% 593.0%

	Earned Premium Without Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio Without Increase	Loss Ratio With Increase
Past Experience	19,276,859	19,276,859	6,729,603	34.9%	34.9%
Anticipated Experience	20,517,170	27,769,908	164,688,514	802.7%	593.0%
Lifetime Experience	39,794,028	47,046,766	171,418,117	430.8%	364.4%
Past Experience @4.5%	26,763,694	26,763,694	8,365,465	31.3%	31.3%
Anticipated Experience @4.5%	13,708,421	18,294,672	67,452,550	492.1%	368.7%
Lifetime Experience @4.5%	40,472,115	45,058,366	75,818,015	187.3%	168.3%



February 11, 2014

Dear Ms. Houser,

This letter is in response to your objection dated January 23, 2014.

1. Does the Company have any other blocks of long term care insurance? Are they group or individual? What is your rationale for isolating this block for a rate increase?

State Farm has other blocks of individual long term care insurance. Below is a summary of each of these blocks of business:

Policy Series	Virginia Issue Years	Nationwide Issue Years
97045	1998 – 2002	1997 – 2002
97058	2002 – 2004	2001 – 2013
97059/60/61	2004 – 2013	2004 – 2013
97062	2013 – Present	2011 – Present

Please note that we intend to take rate increases, as necessary, on each of these blocks of business. We currently have a rate increase filing pending on the 97058 series (STLH-129232272).

2. Please give the range of issue dates on these policy forms on a nationwide basis.

Please see the response to the first question.

- 3. The actuarial memorandum states "On May 9, 2000, we filed new rate tables to be used for new business on these forms. This change was implemented on June 1, 2001".
  - a. Please confirm our understanding there have been no prior rate increases on existing insureds.

This is correct. In-force policies have not yet received a rate increase. After filing the original premiums, an adjustment was made to the compensation structure associated with these policies. Rather than increasing rates on previously sold policies to reflect the increased compensation, State Farm chose to adjust the premiums going forward. The only difference between policies sold prior to May 9, 2000 and those bought after May 9, 2000 is that the policies sold after May 9, 2000 properly reflect the increased compensation structure in addition to an adjusted contingency loading.

b. How much of the current inforce business was issued on the original premium basis and how much on the revised premium basis? Provide the measure using policy counts and inforce premium. Provide this information on a nationwide basis and on a Virginia only business.

The chart that follows provides policies in-force and written premium information as of year-end 2012:

97045 Policy Series	Policies In-Force	Written Premium
Original Premium Basis	31,780	36,261,793
Revised Premium Basis	12,946	15,523,402
All Policies	44,726	51,785,195

c. What measures are you taking to ensure equity between the two groups – pre and post issue dates of June 1, 2001? Are the post June 1, 2001 premium rates already higher than the pre June 1, 2001 premium rates? Are you asking for the same rate increase, ignoring the issue date?

The requested rate increase for these policies is based on reduced mortality and lapsation rates and an increase in projected morbidity. Given that these issues are assumed to affect all 97045 policies uniformly, no separate analysis was performed to determine if the projected rate increase would vary based on the policy's issue year.

- 4. The actuarial memorandum includes an exhibit showing the actual premiums, actual claims, actual loss ratio and expected loss ratio by policy duration. Please confirm our understanding that the expected loss ratio is based on the original pricing assumptions applied to the actual exposed premium.
  - Your understanding is correct. The expected loss ratios are based on the actual distribution of new issues in each year that this policy series was sold. As such, these loss ratios reflect the actual distributional characteristics of the business that was sold.
- 5. In that same durational exhibit, the Actual to Expected ratio shows a steady increase by duration. Please confirm the expected loss ratio includes the effect of morbidity selection. This analysis suggests the slope of the morbidity is too flat. Are the revised morbidity claim costs steeper than the original claim costs?

The expected loss ratio is based on the original pricing assumptions and the actual distribution of new issues in each year that this policy series was sold. The exhibit titled 'Comparison of

Original and Updated Claim Costs' has been provided that illustrates the differences in the original and updated claim cost curves.

6. Please resubmit the state approval grid with an additional column showing the inforce premium prior to any rate increases.

Attached please find a document titled '97045 Series Inforce Rate Increase History 1-28-14' that includes annualized premium as of year-end 2012.

7. The premium rate increase request is based on revisions to the morbidity, mortality and lapse assumptions. Please quantify how much each of these variables contributes to the premium inadequacy. We appreciate there are co-dependencies so we are only requesting a ballpark estimate.

The lapse and mortality components make up approximately 73% of the rate increase need. Approximately 7% of the rate increase need stems from the morbidity component. The remaining 20% of the rate increase need is the result of the interaction between all of these factors.

- 8. Provide more information on your lapse experience. The heading indicates it is nationwide experience and includes only the experience of this form.
  - a. How did you address credibility in your analysis?

The updated lapse assumption used in this filing reflects lapse rates on all of State Farm's Long Term Care Insurance (LTCI) business. With over 15 years of LTCI experience, we feel that our countrywide lapse rates are fully credible.

b. Please provide the lapse experience of all your long term care business.

The following chart shows our actual lapse rate by duration through December 31, 2012. This experience was used to develop our updated lapse assumption utilized in this filing.

Duration	Actual Lapse Rate	Assumed Lapse Rate
1	10.46%	8.7%
2	4.94%	4.7%
3	3.19%	2.9%
4	2.45%	2.2%
5	1.98%	1.8%
6	1.67%	1.5%

7	1.43%	1.2%
8	1.20%	1.1%
9	1.12%	1.0%
10	0.95%	0.8%
11+	0.66%	0.7%

The assumed lapse rates differ from the actual lapse rates because the assumed lapse rates exclude policies written in 2002. Policies written in 2002 were sold during intensive sales promotions and therefore tend to have higher lapse rates than are typically seen on our long term care policies.

c. Provide the original pricing assumption for lapses. Does the original assumption vary by anything other than duration?

Original mortality and persistency rates were based on total termination assumptions provided by CNA. Total termination rates were based on CNA LTCI termination experience developed within their Actuarial Department and were based on expected policyholder behavior. The termination rates vary by duration and age. A copy of these termination rates is provided in an attached exhibit titled 'Original\_97045\_TerminationRates'.

d. Provide the lapse assumption that was used to price policies after June 1, 2001.

The termination rates used in the revised pricing were the same as the termination rates utilized in the original pricing.

e. Expand the exhibit to show the lapses expected based on the original pricing assumption and the lapses expected under the June 1, 2001 pricing. The expected lapses should recognize all the pricing assumption variables.

Since the termination assumption did not change between the original and the revised pricing, the expected lapses would not differ between the two pricings.

- 9. Provide more information on the mortality experience. Here the heading indicates you used experience from all forms.
  - a. How did you address credibility in your analysis?

The selection factors used in this filing adjust the 2012 IAM static table to better fit experience on all of State Farm's Long Term Care Insurance (LTCI) business. With over 15 years of LTCI experience, we feel that our mortality selection adjustments are appropriate.

b. Why did you use all forms for the mortality experience, but not for the lapse experience?

Both the lapse and mortality experience provided in the actuarial memorandum associated with this filing reflect State Farm's countrywide experience on all its long term care insurance business.

c. Provide the original pricing assumption for mortality. Include the selection factors.

Original mortality and persistency rates were based on total termination assumptions provided by CNA. Total termination rates were based on CNA LTCI termination experience developed within their Actuarial Department and were based on expected policyholder behavior. The termination rates vary by duration and age. A copy of these termination rates is provided in an attached exhibit titled 'Original\_97045\_TerminationRates'.

d. Provide the mortality assumption used in the June 1, 2001 pricing. Include the selection factors.

The termination rates used in the revised pricing were the same as the termination rates utilized in the original pricing.

e. Provide an additional analysis showing the experience by gender and attained age groups. Include the exposures, the actual deaths, the expected deaths based on the original pricing assumption, the expected deaths based on the June 1, 2001 pricing assumption, and the expected deaths based on the current revised mortality assumption. The expected deaths should properly reflect the mortality selection factors.

Given our limited mortality experience, we do not believe that breaking the mortality experience down into gender and attained age groups would provide credible information.

- 10. Provide more detail on the morbidity experience.
  - a. How did you address credibility in your analysis?

Milliman's 2009 claim cost guidelines were used as the basis of the morbidity assumption. However, we do believe that State Farm's morbidity experience does have some credibility. As such, we applied claim cost factors to adjust the projected claim costs to more closely match the anticipated loss development of this business.

b. What was the source for the original pricing assumption? What are the original selection factors in the original pricing?

Original morbidity assumptions were based on claim costs provided by our reinsurer, Continental Casualty Company of Chicago, Illinois (i.e. CNA). Underlying claim costs were based on data from several sources including actual CNA policy experience and externally published reports. At the time, CNA was a major writer of Long Term Care

Insurance and had been in the LTCI business for many years. As a result, the morbidity assumptions provided by qualified actuaries were believed to be credible and appropriate for this policy series. A copy of these original claim costs has been provided in an exhibit titled 'Original\_Claim\_Costs'. Additionally, the exhibit titled 'Comparison of Original and Updated Claim Costs' has been provided that illustrates the differences in the original and updated claim cost curves.

c. What was the source for the morbidity pricing assumption for the June 1, 2001 revised premiums? What are the selection factors used there?

The morbidity rates used in the revised pricing were the same as the termination rates utilized in the original pricing.

d. In general, compare the 3 sets of morbidity assumptions – original pricing, June 1, 2001 revised pricing and current revised morbidity.

The exhibit titled 'Comparison of Original and Updated Claim Costs' has been provided that illustrates the differences in the original and updated claim cost curves. As explained above, the original and revised pricings utilized the same claim costs. The greatest differentiation in claim costs is on the later durations and for those policyholders with inflation protection.

e. Provide an analysis showing how well each of the 3 sets of assumptions fit the actual experience. The analysis should be by gender and attained age groups. Show the exposure, the actual claims, the expected claims using the original pricing assumptions, the expected claims using the June 1, 2001 assumptions, and the expected claims using the current revised assumptions.

Given our limited morbidity experience, we rely on Milliman's 2009 claim cost guidelines to project morbidity.

11. We understand the net investment income rate used in the original pricing was 5.50%. But, what interest rate was used in the June 1, 2001 pricing?

The interest rate used in the revised pricing was 4.5%. Please note that the interest rate of 4.5% used for projection purposes is consistent with the valuation rate. Changes in interest rates are not being used to justify this rate increase.

12. The historical experience includes reserves for reported and unreported claims. Please provide the amounts held at year end 2012, for each calendar year of incurral, split between DLR and IBNR.

Updated experience exhibits have been provided with this response that include DLR and IBNR for the historical portion of the projection.

13. In the present value calculations of the financial exhibits, what assumption do you have for the timing of premiums and claims? Do you assume they all occur mid-year? To what date do you accumulate and discount? There appears to be an inconsistency. We attempted to match your present value calculations, with accumulating and discounting to December 31, 2012. In order to match your numbers we assumed past premiums occurred at the end of each calendar year, but claims occurred at the beginning of each calendar year. In order to match your numbers we assumed future premiums occurred at the end of each calendar year and future claims occurred at the end of each calendar year. Please check your present value calculations.

Premiums and claims in all years are assumed to occur at the end of each calendar year. Excel versions of the updated projection exhibits have been provided for reference.

14. Do the projections include any margins for adverse deviation or are they truly on a best estimate basis?

The projections do not include any margins for adverse deviation and as such are on a best estimate basis.

15. Do any of the policies have rate guarantees? If so, please confirm these were properly reflected in the projections.

These policies do not have rate guarantees. The policy form states the following:

"Your policy will remain in effect during Your lifetime as long as each premium is paid on time. We cannot cancel or refuse to renew Your policy. We cannot change Your policy without Your consent. <a href="However">However</a>, We may change the premium rates (emphasis added). Any change will apply to all policies in the same class as Yours in the state where the policy was issued. We will notify You in writing 31 days before Your premium changes."

16. Are there any limited pay policies. If so, please confirm these were properly reflected in the projections. Please provide a distribution of these policies by the calendar year in which the policy becomes fully paid up.

There are not any limited pay policies.

17. The Virginia Bureau requires the loss ratio analysis reflect the active life reserves. Please provide these balances for each year end since inception. These reserves should be on a best estimate basis – using realistic terminations, morbidity and interest. A good proxy would be GAAP basis reserves, if they are available. Statutory reserves with a reasonable adjustment factor are also acceptable.

Updated projection exhibits have been provided that include a column that shows the ALR's held since inception.

To ensure financial viability of the current in-force long term care policies, State Farm has established a premium deficiency reserve (PDR) of over \$1 billion. The reserve represents a significant burden to State Farm since it is incorporated into the financial statements as a reduction to the overall company surplus. Within the PDR, significant rate increases are assumed. Without the approval of the requested rate increases, the PDR will continue to grow. Concurrently, even with the attainment of the requested rate increases, State Farm will still not be able to meet initial profitability objectives.

18. How are waived premiums handled in the historical experience and projections? Are they included as both earned premium and incurred claims, or are they excluded from both?

Waived premiums are included as both earned premiums and incurred claims.

19. Do the projections include any shock lapses and related anti-selection? If so, please quantify these. How did choose these assumptions? Do the projections reflect any benefit buy-downs by insureds who choose not to accept the full rate increase? Do the projections assume any insureds moving to nonforfeiture status? If so, please quantify these.

The projections do not include any shock lapses, related anti-selection, benefit buy-downs, or a shift to non-forfeiture status. We have been closely monitoring lapse experience and have not seen evidence of shock lapses with an initial increase of this magnitude on this block.

The requested increase is significantly less than the indicated increase and benefit buy-downs may decrease the overall rate need. However, the overall rate need is still expected to be significantly higher than the rate increase requested in this filing.

- 20. Please provide the following distributions of business of the inforce block. To clarify, we are requesting four separate distributions, not a 4-dimensional distribution.
  - a. By gender

Gender	Virginia	Nationwide
Female	57%	58%
Male	43%	42%
Total	100%	100%

#### b. By issue year

Inflation Protection	Virginia	Nationwide		
None	33%	33%		
Simple	38%	32%		

Compound	29%	36%
Total	100%	100%

### c. By attained age

Attained Age	Virginia	Nationwide
<30	0%	0%
30-34	0%	0%
35-39	0%	0%
40-44	2%	2%
45-49	3%	4%
50-54	5%	6%
55-59	9%	8%
60-64	13%	13%
65-69	19%	18%
70-74	20%	19%
75-80	18%	19%
>80	10%	11%
<b>Grand Total</b>	100%	100%

### d. By inflation protection option

Issue Year	Virginia	Nationwide
1997	0%	2%
1998	10%	11%
1999	21%	23%
2000	33%	35%
2001	28%	24%
2002	8%	6%
<b>Grand Total</b>	100%	100%

21. According to the FAQ that is included with the policyholder letter, item 2 indicates there may be alternatives to paying higher premiums. If an insured makes such a decision, what forms are used to amend the existing coverage? If such forms have not already been reviewed and approved by the Bureau, this can be done either as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the forms are already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval.

New forms are not used to amend coverage. Should a policyholder choose to reduce their coverage, the premium is adjusted on the current form and the premium is adjusted on a going-forward basis. If a policyholder chooses to reduce their coverage options, they work through their State Farm agent to make the desired changes. The agent then submits an internal form to make the coverage change.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Enily Ehroten

Emily Ehrstein, ASA, MAAA Actuarial Analyst II State Farm Mutual Automobile Ins. Co. (309) 763-6988

30 day Elin	nination Period	i			No Inflation		· · · · · · · · · · · · · · · · · · ·			npound Infla	nd Inflation		
				Upo	dated	Original	Upo	lated	Original	Upd	ated	Original	
Issue Age	Duration	Elimination Period	Benefit Period	Single Male CC	Single Female CC	Single Unisex Claim Cost	Single Male CC	Single Female CC	Single Unisex Claim Cost	Single Male CC	Single Female CC	Single Unisex Claim Cost	
40	5	30	2	18	13	78	23	16	97	23	16	98	
40	10	30	2	33	23	82	50	35	122	54	37	131	
40	20	30	2	71	68	97	143	137	193	186	178	250	
40	30	30	2	208	221	178	526	560	445	883	940	748	
40	40	30	2	871	1100	658	2637	3356	1978	5988	7621	4495	
40	50	30	2	2698	4218	2277	9447	14994	8051	29873	47403	25485	
50	5	30	2	39	28	102	49	34	128	50	35	129	
50	10	30	2	69	67	104	104	100	156	112	107	167	
50	20	30	2	203	216	182	408	437	364	528	567	471	
50	30	30	2	858	1089	662	2157	2758	1651	3620	4629	2774	
50	40	30	2	2675	4191	2258	8002	12729	6788	18158	28878	15427	
50	50	30	2	3828	5894	4600	13245	20923	16263	41841	66078	51483	
60	5	30	2	89	100	169	111	125	211	112	127	214	
60	10	30	2	199	212	198	297	319	298	318	342	319	
60	20	30	2	847	1078	687	1695	2174	1380	2196	2815	1788	
60	30	30	2	2656	4164	2317	6593	10493	5851	11053	17587	9829	
60	40	30	2	3802	5858	4809	11228	17746	14942	25439	40186	33961	
60	50	30	2	4183	5492	5075	14747	19625	19297	46496	61864	61087	
70	5	30	2	409		413	509	588	520	517	597	526	
70	10	30	2	916		775	1367	1753	1179		1878	1261	
70	20	30	2	2876		2525	5677	9021	5194	-	11654	6730	
70	30	30	2	4096		5541	10005	15708	15084		26216	25342	
70	40	30	2	4491	5736	6455	13430		22911	30273	39164	52072	
70	50	30	2	3267	4307	6455	11540	15307	26794	36184	47995	84819	

30 day Elir	nination Period	i			No Inflation		·				npound Infla	d Inflation	
				Upo	dated	Original	Upo	lated	Original	Upda	ated	Original	
Issue Age	Duration	Elimination Period	Benefit Period	Single Male CC	Single Female CC	Single Unisex Claim Cost	Single Male CC	Single Female CC	Single Unisex Claim Cost	Single Male CC	Single Female CC	Single Unisex Claim Cost	
40	5	30	5	35	25	136	45	32	170	46	32	172	
40	10	30	5	64	44	142	99	68	214	106	73	229	
40	20	30	5	132	125	166	276	260	336	358	338	436	
40	30	30	5	362	402	298	929	1048	760	1560	1759	1276	
40	40	30	5	1445	2069	1072	4397	6463	3300	9980	14668	7501	
40	50	30	5	4120	6985	3674	14443	25029	13226	45633	79066	41867	
50	5	30	5	76	52	176	98	67	221	99	68	224	
50	10	30	5	130	123	178	201	190	270	216	204	288	
50	20	30	5	354	395	305	724	820	619	938	1063	802	
50	30	30	5	1427	2058	1078	3605	5336	2745	6047	8951	4611	
50	40	30	5	4098	6967	3643	12272	21315	11214	27814	48298	25486	
50	50	30	5	5135	7871	6982	17730	27867	25137	55933	87880	79572	
60	5	30	5	160	184	284	205	237	356	208	241	361	
60	10	30	5	348	388	331	530	601	502	569	644	537	
60	20	30	5	1413	2044	1120	2844	4222	2288	3682	5466	2965	
60	30	30	5	4082	6946	3742	10141	17625	9629	16974	29491	16178	
60	40	30	5	5116	7849	7307	15066	23695	23352	34058	53532	53075	
60	50	30	5	4290	6633	7712	15347	24218	29854	48262	76138	94506	
70	5	30	5	723	883	699	917	1140	882	934	1161	893	
70	10	30	5	1542	2229	1268	2320	3443	1938	2488	3693	2073	
70	20	30	5	4450	7544	4090	8778	15198	8546	11324	19598	11074	
70	30	30	5	5513	8346	8445	13382	20752	23530	22268	34497	39532	
70	40	30	5	4498	7346	9837	13581	22622	35911	30457	50710	81617	
70	50	30	5	3974	7545	9837	14295	27643	41574	44564	86177	131607	

30 day Elir	nination Period	I			No Inflation		Simple Inflation			Compound Inflation			
				Upo	dated	Original	Upo	lated	Original	Upd	ated	Original	
Issue Age	Duration	Elimination	Benefit	Single	Single	Single	Single	Single	Single	Single Male	Single	Single	
		Period	Period	Male CC	Female CC	Unisex	Male CC	Female CC	Unisex	CC	Female CC	Unisex	
						Claim Cost			Claim Cost			Claim Cost	
40	5	30	Lifetime	58		177	78		225	79	65	228	
40	10	30	Lifetime	104	81	187	168	139	287	180	149	307	
40	20	30	Lifetime	216	223	223	466	507	464	604	658	601	
40	30	30	Lifetime	563	694	417	1471	1951	1090	2469	3275	1831	
40	40	30	Lifetime	2162	3316	1452	6640	10705	4594	15063	24280	10441	
40	50	30	Lifetime	5711	9418	4660	20141	34068	17381	63591	107538	55021	
50	5	30	Lifetime	123	95	236	163	137	299	166	140	303	
50	10	30	Lifetime	212	219	240	341	372	368	366	399	394	
50	20	30	Lifetime	554	683	426	1152	1530	888	1494	1984	1150	
50	30	30	Lifetime	2142	3306	1460	5462	8854	3813	9159	14843	6407	
50	40	30	Lifetime	5694	9423	4622	17145	29094	14620	38824	65860	33228	
50	50	30	Lifetime	5807	9130	8447	20028	32311	31503	63114	101773	99725	
60	5	30	Lifetime	261	322	393	345	449	500	351	458	506	
60	10	30	Lifetime	546	674	464	849	1129	713	911	1212	762	
60	20	30	Lifetime	2129	3297	1517	4326	7037	3176	5599	9108	4116	
60	30	30	Lifetime	5689	9426	4746	14207	24132	12532	23749	40323	21055	
60	40	30	Lifetime	5803	9134	8839	17055	27536	29035	38483	62088	65990	
60	50	30	Lifetime	5123	10220	9329	18431	37795	37415	57830	118551	118440	
70	5	30	Lifetime	1131	1515	982	1459	2088	1254	1488	2130	1270	
70	10	30	Lifetime	2345	3640	1722	3572	5828	2671	3833	6254	2858	
70	20	30	Lifetime	6235	10295	5204	12358	20912	11143	15913	26912	14440	
70	30	30	Lifetime	6220	10065	10246	15037	24934	29290	24937	41295	49209	
70	40	30	Lifetime	5719	11426	11935	17298	35498	44780	38617	79199	101776	
70	50	30	Lifetime	5967	11793	11935	21562	43887	52255	66872	136115	165420	

90 day Elin	nination Period	I			No Inflation		Simple Inflation			Compound Inflation		
				Upo	dated	Original	Upo	lated	Original	Upd	ated	Original
Issue Age	Duration	Elimination	Benefit	Single	Single	Single	Single	Single	Single	Single Male	Single	Single
		Period	Period	Male CC	Female CC	Unisex	Male CC	Female CC	Unisex	cc	Female CC	Unisex
						Claim Cost			Claim Cost			Claim Cost
40	5	90	2	15	11	70	19	13	87	19	14	88
40	10	90	2	27	19	73	42	29	110	45	31	118
40	20	90	2	58	56	87	119	113	173	155	147	225
40	30	90	2	170	181	160	432	463	400	726	778	672
40	40	90	2	715	923	592	2178	2842	1778	4947	6453	4040
40	50	90	2	2199	3591	2047	7768	12864	7237	24561	40673	22908
50	5	90	2	33	23	92	41	28	115	42	29	116
50	10	90	2	57	54	94	87	83	140	93	89	150
50	20	90	2	165	178	164	335	362	327	435	470	424
50	30	90	2	704	914	595	1781	2335	1484	2990	3921	2494
50	40	90	2	2180	3568	2030	6581	10919	6101	14933	24775	13867
50	50	90	2	3067	5052	4134	10719	18056	14619	33860	57030	46277
60	5	90	2	73	82	152	91	103	190	93	105	192
60	10	90	2	162	174	178	244	264	268	262	283	287
60	20	90	2	695	904	617	1400	1841	1240	1814	2384	1607
60	30	90	2	2164	3544	2083	5422	8999	5259	9090	15085	8835
60	40	90	2	3046	5020	4322	9087	15311	13431	20587	34679	30527
60	50	90	2	3334	4671	4562	11873	16837	17346	37445	53093	54909
70	5	90	2	335	390	371	421	492	467	427	500	473
70	10	90	2	752	978	697	1130	1485	1060	1210	1591	1134
70	20	90	2	2345	3832	2270	4669	7735	4668	6035	9995	6050
70	30	90	2	3285	5376	4981	8103	13555	13559	13533	22630	22779
70	40	90	2	3578	4874	5802	10812	14907	20594	24384	33612	46806
70	50	90	2	2579	3611	5802	9215	12975	24084	28921	40722	76242

90 day Elir	nination Period	I			No Inflation		Simple Inflation Cor				Compound Inflation		
				Upo	dated	Original	Upo	lated	Original	Upd	ated	Original	
Issue Age	Duration	Elimination	Benefit	Single	Single	Single	Single	Single	Single	Single Male	Single	Single	
		Period	Period	Male CC	Female CC	Unisex	Male CC	Female CC	Unisex	cc	Female CC	Unisex	
						Claim Cost			Claim Cost			Claim Cost	
- 10	_		_	20	20	100	20		4=0	20			
40	5	90	5	29		122	38		153		27	155	
40	10	90	5	53		128	83		193		62	206	
40	20	90	5	110		149	232	218	303	301	282	393	
40	30	90	5	297	334	269	771	881	684		1479	1150	
40	40	90	5	1190	1752	966	3653	5518	2974	8292	12525	6759	
40	50	90	5	3397	6011	3310	12006	21685	11918	37933	68506	37727	
50	5	90	5	63	43	159	82	56	199	84	57	202	
50	10	90	5	108	102	161	169	159	243	181	171	260	
50	20	90	5	291	328	275	601	689	558	779	893	723	
50	30	90	5	1175	1742	971	2994	4554	2473	5023	7639	4155	
50	40	90	5	3379	5994	3283	10201	18464	10105	23121	41842	22966	
50	50	90	5	4210	6923	6292	14657	24656	22651	46238	77764	71703	
60	5	90	5	132	152	256	170	198	321	173	201	325	
60	10	90	5	286	322	299	440	505	452	472	541	484	
60	20	90	5	1164	1730	1009	2362	3602	2062	3058	4663	2672	
60	30	90	5	3366	5974	3372	8429	15263	8677	14109	25542	14578	
60	40	90	5	4195	6901	6584	12455	20959	21043	28155	47362	47825	
60	50	90	5	3580	5562	6949	12938	20476	26901	40702	64408	85159	
70	5	90	5	597	740	630	763	964	795	777	981	805	
70	10	90	5	1269	1885	1142	1926	2935	1746	2066	3147	1868	
70	20	90	5	3672	6491	3686	7301	13164	7700	9419	16979	9979	
70	30	90	5	4529	7350	7609	11082	18386	21203	18440	30577	35622	
70	40	90	5	3761	6146	8864	11478	19103	32359	25763	42866	73545	
70	50	90	5	3137	6298	8864	11435	23344	37462	35700	72882	118591	

90 day Elir	nination Period	I			No Inflation		Simple Inflation			Compound Inflation			
				Upo	dated	Original	Upo	lated	Original	Upd	ated	Original	
Issue Age	Duration	Elimination	Benefit	Single	Single	Single	Single	Single	Single	Single Male	Single	Single	
		Period	Period	Male CC	Female CC	Unisex	Male CC	Female CC	Unisex	CC	Female CC	Unisex	
						Claim Cost			Claim Cost			Claim Cost	
40	5	90	Lifetime	48		164	66	54	208	67	55	211	
40	10	90	Lifetime	87	68	173	142	119	266	152	127	284	
40	20	90	Lifetime	180	187	206	393	431	429	510	558	556	
40	30	90	Lifetime	465	583	386	1227	1661	1008	2060	2787	1694	
40	40	90	Lifetime	1789	2823	1343	5547	9203	4248	12582	20874	9655	
40	50	90	Lifetime	4757	8213	4309	16932	29948	16073	53458	94539	50879	
50	5	90	Lifetime	103	80	218	138	117	277	141	119	280	
50	10	90	Lifetime	177	183	222	288	315	341	309	339	364	
50	20	90	Lifetime	457	573	394	962	1302	821	1247	1687	1064	
50	30	90	Lifetime	1773	2813	1350	4562	7607	3526	7650	12755	5924	
50	40	90	Lifetime	4744	8219	4274	14415	25581	13520	32640	57911	30727	
50	50	90	Lifetime	4879	7876	7811	16980	28080	29131	53499	88452	92218	
60	5	90	Lifetime	216	269	364	289	380	462	294	387	468	
60	10	90	Lifetime	450	566	429	708	960	659	760	1031	705	
60	20	90	Lifetime	1762	2805	1402	3613	6044	2937	4677	7823	3806	
60	30	90	Lifetime	4741	8221	4389	11946	21213	11589	19968	35449	19470	
60	40	90	Lifetime	4878	7879	8174	14462	23927	26850	32625	53957	61023	
60	50	90	Lifetime	4072	8550	8627	14803	31883	34598	46463	100054	109525	
70	5	90	Lifetime	936	1277	908	1219	1780	1159	1243	1816	1174	
70	10	90	Lifetime	1942	3096	1592	2984	5002	2470	3202	5367	2643	
70	20	90	Lifetime	5205	8988	4812	10407	18398	10305	13399	23679	13353	
70	30	90	Lifetime	5248	8683	9475	12791	21664	27086	21203	35887	45505	
70	40	90	Lifetime	4541	9540	11037	13882	29911	41410	31012	66798	94116	
70	50	90	Lifetime	4714	9821	11037	17259	36942	48322	53610	114748	152969	

# State Farm Mutual Automobile Insurance Company Bloomington, Illinois

# Long Term Care Insurance Policy Form 97045

# Claim Cost per \$1 of Benefit Inforce 2 Year Maximum Benefit Period

				ISSU	E AGE			
DURATION	47	52	57	62	67	72	77	82
1	0.7623	0.8606	0.9843	1.3887	1.6901	2.6350	5.4556	10.6855
2	0.8970	1.0263	1.1636	1.6934	2.0791	3.6411	7.6098	14.8946
3	1.0008	1.1576	1.2886	1.9306	2.4915	4.6605	9.6617	18.7939
4	1.0689	1.2315	1.4959	2.0991	2.7786	5.6763	11.7754	23.8398
5	1.0702	1.2297	1.6312	2.1404	3.0469	6.4606	13.2655	26.8732
6	1.0751	1.2297	1.7478	2.1812	3.4391	7.2892	14.8985	30.2657
7	1.0976	1.2304	1.7911	2.2404	3.9186	8.2371	16.5872	34.1596
8	1.1197	1.2335	1.8345	2.4109	4.4864	9.3076	18.3698	38.5642
9	1.1265	1.3561	1.8796	2.5379	5.1516	10.6788	21.6477	42.7887
10	1.1344	1.4926	1.9291	2.7983	5.8891	12.0579	24.1073	48.1850
11	1.1433	1.6130	1.9786	3.1755	6.6769	13.5816	26.8818	54.2009
12	1.1522	1.6660	2.0454	3.6382	7.5793	15.1566	30.1071	61.1551
13	1.1627	1.7186	2.2148	4.1861	8.5983	16.8160	33.8069	69.0440
14	1.2858	1.7725	2.3457	4.8287	9.8991	19.8395	37.3784	68.1491
15	1.4230	1.8286	2.6015	5.5423	11.2100	22.1063	41.8869	78.2640
16	1.5454	1.8844	2.9685	6.3063	12.6569	24.6464	46.8180	90.4658
17	1.6032	1.9562	3.4180	7.1811	14.1521	27.5784	52.3937	105.7473
18	1.6605	2.1262	3.9504	8.1689	15.7250	30.9152	58.5931	125.1534
19	1.7187	2.2595	4.5751	9.4270	18.5698	34.0898	57.1507	
20	1.7782	2.5136	5.2699	1016967	20.7012	38.0588	64.6932	
21	1.8370	2.8761	6.0152	12.0972	23.0767	42.3304	73.5697	
22	1.9113	3.3198	6.8685	13.5440	25.8027	47.0683	84.4504	
23	2.0817	3.8452	7.8317	15.0646	28.8847	52.2407	97.9685	
24	2.2162	4.4619	9.0564	17.8012	31.7806	50.4656		
25	2.4695	5.1484	10.2936	19.8507	35.3707	56.4446		
26	2.8298	5.8854	11.6576	22.1266	39.1793	63.2998	,	
27	3.2705	6.7290	13.0665	24.7279	43.3288	71.5056		
28	3.7924	7.6813	14.5459	27.6556	47.7801	81.4449		•
29	4.4051	8.8910	17.1976	30.3828	45.7713			
30	5.0873	10.1138	19.1828	33.7435	50.6524			
31	5.8202	11.4615	21.3805	37.2718	56.0883			
32	6.6589	12.8535	23.8838	41.0652	62.4158			
33	7.6057	14.3146	26.6904	45.0800	69.8421			•
34 35	8.8079	16.9284 18.8848	29.2851	42.9298				
36	10.0235 11.3630	21.0476	32.4658	47.1462				
37	12.7464	23.5073	35.7739 39.2877	51.7230 56.9135				
38	14.1084	26.2599	42.9597	62.8185				•
39	16.7931	28.7954	40.6984	62.6163				
40	18.7351	31.8957	44.3930					
41	20.8804	35.1057	48.2952					
42	23.3181	38.4947	52.5928					
43	26.0436	42.0138	57.3033					
44	28.5495	39.7029	<del></del> -					
45	31.6094	43.1647						
46	34.7700	46.7659				÷ •		
47	38.0964	50.6652						
48	41.5386	54.8428						
49	39.2029							
	40 5495							

42.5477

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# State Farm Mutual Automobile Insurance Company Bloomington, Illinois

# Long Term Care Insurance Policy Form 97045

### Claim Cost per \$1 of Benefit Inforce 5 Year Maximum Benefit Period

				ISSUE AGE			
DURATION	47	52	57	62	67	72	77
1	1.2926	1.4514	1.6495	2.2882	2.7646	4.3479	8.7024
2	1.5192	1.7274	1.9486	2.7857	3.3984	6.0040	12.1264
3	1.6932	1.9447	2.1564	3.1709	4.0691	7.6803	15.3805
4	1.8063	2.0671	2.4883	3.4426	4.5903	9.0710	19.4694
5	1.8066	2.0624	2.6985	3.5056	5.0307	10.3149	21.9224
6	1.8133	2.0608	2.8800	3.5679	5.6746	11.6273	24.6094
7	1.8473	2.0604	2.9464	3.6621	6.4617	13.1260	27.3827
8	1.8810	2.0642	3.0129	3.9374	7.3933	14.8167	30.3076
9	1.8909	2.2557	3.0826	4.1927	8.2326	17.6562	34.2032
10	1.9027	2.4692	3.1595	4.6202	9.4026	19.9267	38.0674
11	1.9161	2.6580	3.2365	5.2396	10.6506	22.4342	42.4265
12	1.9295	2.7407	3.3433	5.9993	12.0778	25.0210	47.4877
13	1.9457	2.8227	3.6172	6.8986	13.6875	27.7441	53.2907
14	2.1389	2.9070	3.8750	7.7165	16.3670	31.3462	57.9075
15	2.3540	2.9950	4.2952	8.8488	18.5254	34.9077	64.8496
16	2.5464	3.0823	4.8981	10.0594	20.9068	38.8986	72.4369
17	2.6373	3.1975	5.6362	11.4433	23.3627	43.4992	81.0120
18	2.7272	3.4725	6.5101	13.0040	25.9440	48.7325	90.5436
19	2.8188	3.7327	7.3112	15.5865	29.3401	52.8128	85.0515
20	2.9123	4.1502	8.4139	17.6772	32.6889	58.9229	95.1901
21	3.0049	4.7457	9.5951	19.9822	36.4212	65.4937	109.2953
22	3.1242	5.4742	10.9450	22.3588	40.6985	72.7778	125.3540
23	3.3998	6.3368	12.4673	24.8544	45.5318	80.7273	145.3019
24	3.6612	7.1304	14.9737	28.1257	49.2353	75.1027	
25	4.0774	8.2199	17.0111	31.3458	54.7611	83.9255	
26	4.6692	9.3880	19.2561	34.9216	60.6183	94.0384	
27	5.3929	10.7227	21.5705	39.0031	66.9958	106.1394	
28	6.2497	12.2278	23.9988	43.5943	73.8344	120.7950	
29	7.0396	14.7003	27.1721	47.0697	68.1167		
30	8.1224	16.7139	30.2911	52.2419	75.3133		
31	9.2840	18.9322	33.7440	57.6670	83.3250		
32	10.6111	21.2189	37.6718	63.4958	92.6470		
33	12.1075	23.6170	42.0729	69.6619	103.5862		
34	14.5629	26.7466	45.3692	63.8879			
35	16.5646	29.8206	50.2637	70.1001			
36	18.7695	33.2187	55.3495	76.8399			
37	21.0422	37.0779	60.7474	84.4796			
38	23.4253	41.3941	66.3854	93.1693			
39	26.5330	44.6106	60.5672				
40	29.5843	49.3811	66.0064				
41	32.9548	54.3156	71.7474				
42	36.7795	59.5212	78.0662				
43	41.0532	64.9237	84.9893				
44	44.2295	59.0858					
45	48.9378	64.1801					
46	53.7963	69.4755					
47	58.9053	75.2049					
48	64.1894	81.3400					
49	58.3416						
50	63.2628						

# State Farm Mutual Automobile Insurance Company Bloomington, Illinois

## Long Term Care Insurance Policy Form 97045

## Claim Cost per \$1 of Benefit Inforce Lifetime Maximum Benefit Period

				ISSUE AGE			
DURATION	47	52	57	62	67	72	77
1	1.6654	1.8863	2.1656	3.0857	3.7714	5.9385	11.5039
2	1.9611	2.2524	2.5613	3.7665	4.6413	8.2105	16.0418°
3	2.1896	2.5434	2.8377	4.2981	5.5647	10.5148	20.3613
4	2.3400	2.7071	3.3057	4.6769	6.2555	11.9757	24.5528
5	2.3444	2.7043	3.6164	4.7726	6.8630	13.6268	27.6491
6	2.3566	2.7055	3.8838	4.8672	7.7505	15.3705	31.0411
7	2.4087	2.7083	3.9838	5.0015	8.8364	17.3641	34.5433
8	2.4601	2.7164	4.0840	5.3846	10.1220	19.6150	38.2377
9	2.4763	2.9968	4.1880	5.7136	10.8688	22.2663	42.4219
10	2.4949	3.3090	4.3015	6.3030	12.4215	25.1321	47.2121
11	2.5155	3.5843	4.4152	7.1565	14.0794	28.2973	52.6159
12	2.5361	3.7057	4.5661	8.2041	15.9775	31.5641	58.8894
13	2.5604	3.8261	4.9466	9.4447	18.1201	35.0034	66.0819
14	2.8416	3.9494	5.2808	10.1874	20.6404	38.8784	68.6338
15	3.1547	4.0775	5.8596	11.6899	23.3647	43.2933	76.8352
16	3.4339	4.2048	6.6900	13.2978	26.3707	48.2407	85.7953
17	3.5659	4.3669	7.7076	15.1381	29.4720	53.9432	95.9195
18	3.6966	4.7487	8.9128	17.2152	32.7324	60.4297	107.1711
19	3.8295	5.0869	9.6524	19.6562	36.3902	62.5954	100.7154
20	3.9650	5.6618	11.3154	22.2949	40.5415	69.8130	113.8646
21	4.0992	6.4819	12.6841	25.2045	45.1683	77.5718	129.3337
22	4.2668	7.4861	14.4790	28.2057	50.4700	86.1701	148.2864
23	4.6493	8.6755	16.5047	31.3577	56.4607	95.5522	171.8276
24	4.9894	9.4137	18.8833	34.8840	58.3553	88.9344	
25	5.5624	10.8590	21.4548	38.8758	64.8821	99.3464	
26	6.3774	12.4103	24.2887	43.3086	71.7972	111.2795	
27	7.3748	14.1849	27.2113	48.3676	79.3241	125.5567	
28	8.5563	16.1877	30.2781	54.0581	87.3934	142.8468	
29	9.2938	18.5385	33.7012	55.7886	80.6618		
30	10.7303	21.0800	37.5678	61.8973	89.1518		
31	12.2728	23.8801	41.8482	68.3017	98.6019		
32	14.0372	26.7676	46.7167	75.1800	109.5959		
, 33	16.0284	29.7965	52.1715	82.4547	122.4964		
34	18.3653	33.1736	53.7731	75.6541			
35	20.8917	36.9842	59.5535	82.9807			
36	23.6749	41.1967	65.5568	90.9278			
37	26.5448	45.9801	71.9259	99.9344			
38	29.5546	51.3299	78.5765	110.1779			
39	32.9085	52.8739	71.7219				
40	36.6911	58.5078	78.1348				
41	40.8694	64.3322	84.9017				
42	45.6102	70.4741	92.3477				
43	50.9071	76.8463	100.5046				
44	52.4223	69.9675 75.9729					
45 46	57.9826 63.7171	75.9729 82.2132					
46	69.7449	88.9630					
49	75.9773	96.1891					
49	69.0864	JU.10J1					
50	74.8870						
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### State Farm Mutual Automobile Insurance Company Bloomington, Illinos

### Long Term Care Insurance Policy Form 97045

# Termination Rates Terminations From Death, Lapse Combined

Duration	Age 47	Age 52	Age 57	Age 62	Age 67	Age 72	Aac 77	A 00
1	0.048	0.048	0.089	0.111	0.140	0.178	Age 77.	Age 82
	0.048	0.048	0.050	0.081	0.093	0.178	0.234	0.282
2	0.044	0.044	0.044	0.071	0.035	0.112	0.141 0.114	0.197
3		0.044	0.044	0.071	0.075	0.090		0.178
4	0.044						0.114	0.178
5	0.044	0.044	0.044	0.071	0.075	0.090	0.116	0.178
6	0.044	0.044	0.044	0.071	0.075	0.094	0.122	0.178
7	0.044	0.044	0.044	0.071	0.078	0.099	0.128	0.178
8	0.044	0.044	0.044	0.071	0.081	0.104	0.136	0.181
9	0.044	0.044	0.059	0.071	0.085	0.110	0.143	0.192
10	0.044	0.044	0.061	0.072	0.089	0.116	0.152	0.203
11	0.044	0.044	0.063	0.075	0.094	0.122	0.161	0.216
12	0.044	0.044	0.065	0.078	0.099	0.128	0.170	0.224
13	0.044	0.044	0.067	0.081	0.104	0.136	0.181	0.239
14	0.044	0.059	0.069	0.085	0.110	0.143	0.192	0.254
15 .	0.044	0.061	0.072	0.089	0.116	0.152	0.203	0.264
16	0.044	0.063	0.075	0.094	0.122	0.161	0.216	0.274
17	0.044	0.065	0.078	0.099	0.128	0.170	0.224	0.285
18	0.044	0.067	0.081	0.104	0.136	0.181	0.239	0.296
19	0.059	0.069	0.085	0.110	0.143	0.192	0.254	
20	0.061	0.072	0.089	0.116	0.152	0.203	0.264	
21	0.063	0.075	0.094	0.122	0.161	0.216	0.274	
22	0.065	0.078	0.099	0.128	0.170	0.224	0.285	
<sup>′</sup> 23	0.067	0.081	0.104	0.136	0.181	0.239	0.296	
24	0.069	0.085	0.110	0.143	0.192	0.254		
25	0.072	0.089	0.116	0.152	0.203	0.264		
26	0.075	0.094	0.122	0.161	0.216	0.274		
27	0.078	0.099	0.128	0.170	0.224	0.285		
28	0.081	0.104	0.136	0.181	0.239	0.296		
29	0.085	0.110	0.143	0.192	0.254			
30	0.089	0.116	0.152	0.203	0.264			
31	0.094	0.122	0.161	0.216	0.274			
32	0.099	0.128	0.170	0.224	0.285			
33	0.104	0.136	0.181	0.239	0.296			
34	0.110	0.143	0.192	0.254				
35	0.116	0.152	0.203	0.264				
36	0.122	0.161	0.216	0.274				
37	0.128	0.170	0.224	0.285				
38	0.136	0.181	0.239	0.296				
39	0.143	0.192	0.254					
40	0.152	0.203	0.264					
41	0.161	0.216	0.274					
42	0.170	0.224	0.285					
43	0.181	0.239	0.296					
44	0.192	0.254						
45	0.203	0.264						
46	0.216	0.274						
47	0.224	0.285						
48	0.239	0.296						
49	0.254							
50	0.264							

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0.264



April 16, 2014

Dear Ms. Houser,

This letter is in response to your objection dated March 5, 2014.

1. The state grid of approvals shows Virginia as the only state where the first round of increase was not filed. Why is this?

Virginia's first rate increase filing on this policy form was delayed until the implementation of our currently marketed form (97062 series) on 12/15/2013.

2. We do not agree with your response to our request for additional information regarding the fit of the new mortality assumption to historical experience. On the one hand you argue that the durational factors are appropriate as "With over 15 years of LTCI experience, we feel that our mortality selection adjustments are appropriate." On the other hand "Given our limited mortality experience, we do not believe that breaking the mortality experience down into gender and attained age groups would provide credible information".

The base mortality table (2012 IAM Static) is an established industry table. The selection factors used simply adjust this table to reflect State Farm's mortality experience. Although we feel that we have sufficient credibility in aggregate, we do not feel that these deaths are credible enough to provide meaningful results at all gender/age combinations. As such, although we have provided the mortality by age/gender below, we believe that this data should be used with caution.

Mortality Actual to Expected Analysis									
	Male				Female				
Attained		Deaths					Deaths		
Age	Exposure	Actual	Expected	A to E	Exposure	Actual	Expected	A to E	
<60	211,419	304	323	0.94	300,452	280	284	0.99	
60-69	171,448	887	920	0.96	216,681	721	864	0.83	
70-79	86,786	1,301	1,134	1.15	104,149	1,117	1,064	1.05	
80+	15,089	632	532	1.19	23,393	797	715	1.12	

3. We do not agree with your response to our request for an Actual to Expected morbidity analysis, where the Expected is the revised claim cost assumption. You state "Given our limited morbidity experience...", but this form alone has almost \$300 million in incurred claims. That is not limited experience. Please complete the following tables.

### Morbidity by Attained Age/Gender:

Morbidity Actual to Expected Analysis									
		Ma	ale		Female				
Attained	Claims			Claims					
Age	Exposure	Actual	Expected	A to E	Exposure	Actual	Expected	A to E	
<50	19,134	413,285	1,711,322	24%	24,120	538,778	2,186,428	25%	
50-59	34,905	1,826,139	6,969,905	26%	50,448	2,322,854	9,350,527	25%	
60-69	77,261	8,126,777	17,930,334	45%	112,556	13,772,152	26,487,575	52%	
70-79	139,189	46,120,349	41,441,613	111%	175,891	115,760,687	53,209,653	218%	
80-89	12,235	17,025,983	50,559,609	34%	18,430	47,410,410	60,691,805	78%	
90+	3,476	9,021,561	14,171,562	64%	7,584	33,056,567	25,355,906	130%	
Total	286,200	82,534,094	132,784,346	62%	389,029	212,861,448	177,281,893	120%	

### Morbidity by Duration:

Morbidity Actual to Expected Analysis								
Policy		Claims						
Duration	Exposure	Actual	Expected	A to E				
0	67,088	2,436,488	6,181,349	39%				
1	59,891	6,532,536	28,941,212	23%				
2	56,230	11,259,078	16,301,132	69%				
3	53,672	11,939,772	16,798,402	71%				
4	51,449	16,443,591	16,970,200	97%				
5	49,967	19,675,626	17,300,035	114%				
6	49,172	23,678,925	17,730,178	134%				
7	48,697	24,796,709	18,225,340	136%				
8	48,181	26,762,307	18,757,724	143%				
9	47,466	31,527,908	19,284,436	163%				
10+	143,416	120,342,602	133,576,231	90%				
Total	675,229	295,395,542	310,066,239	95%				

4. We reviewed your historical and projected experience. Please explain the pattern of earned premiums on a nationwide basis. The 2013 and 2014 premiums are up slightly, presumably due to the prior round of rate increase. However, using the state grid you provided, we found the first round of increases should be worth \$9.3 million of increased premium. This should increase the earned premium by roughly 18%. Looking at the premium persistency in 2013 and 2014, the increase appears to be only 6%. Your response also stated you "have not seen evidence of shock lapses". We believe your projected premium is light by about \$6 million per year, as it does not appear to fully reflect the first round of rate increases. Please explain this inconsistency.

Our projection uses earnings factors to apply the rate increases to each state individually. As such, although we started implementing rate increases in December 2012, these rate increases are not fully realized right away.

5. It is not a material consideration, but you stated waived premiums are included in both the earned premiums and incurred claims. However, your projections only have a single value for incurred claims. We would expect the incurred claims to be 1-2% higher for the projections with the rate increase as compared to the incurred claims for the projections without the rate increase.

Waived premiums are included in both the earned premiums and incurred claims for the without rate increase figures. Increasing the incurred claims to reflect the higher waived premiums as a result of a rate increase would only increase the rate need on this policy series.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Enily Christen

Emily Ehrstein, FSA, MAAA Actuarial Analyst II State Farm Mutual Automobile Ins. Co. (309) 763-6988



### Health Insurance Rate Request Summary Part 1 – To Be Completed By Company

ompany Name and NAIC Number: State Farm Mutual Automobile Insurance Company: 25178-176						
SERFF Tracking Number:	TLH-129237070					
Effective Date:	Approximately 135 Days After Approval					
(Projected) Number of Insureds Affected: New Rates Average Annual Premium Pe	1,142 er Member: 1,172					
Revised Rates	[					
Average Annual Premium Pe	er Member: 1,603					
Average Requested Percenta	age Rate Change Per Member: 37					
Minimum Requested Percent	tage Rate Change Per Member:					
	ntage Rate Change Per Member: 40					
Plans Affected (The Form Number and "Product Nar	me")					
Form#	"Product Name"(if applicable)					
97045VA.1	STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM					
99504VA	SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM					
99505	COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM					

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.



State Farm Insurance has filed for an average rate increase of 37% with the Virginia Bureau of Insurance. The actual increase will vary by issue age, benefit period, elimination period, and inflation option.

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

Please note that due to the historically low interest rate environment, the company is currently experiencing lower than anticipated investment returns on premiums received. However, these investment losses are not being passed along to the policyholder, but are instead being fully absorbed by State Farm.

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Removing an optional rider

While the company recognizes that a rate increase is unwelcome, we feel it is necessary in order to fulfill our contractual obligations so that a policyholder's benefits are available when they need them most.

Long-Term Care Insurance premium rates are not guaranteed, and State Farm anticipates seeking further rate increases in the future as experience continues to emerge.



November 17, 2014

Dear Ms. Houser,

This letter is in response to your objection dated August 14, 2014.

1. Thank you for providing the Rate Summary and narrative. The purpose of the narrative is to briefly summarize key information used to develop he main drivers of the revised rates. The insured would have access to this form. Referring to this as "Consumer Talking Points" may be misleading and contains more information than what is required. We suggest that only the second paragraph which

Attached is an updated narrative with the requested changes.

 According to your comments, the company has indicated it is open to the method proposed in the NAIC Executive/Plenary bulletin regarding the contingent benefit upon lapse benefit. If that is the case, please provide a revised policyholder letter that is consistent with the bulletin's requirements including the contingent benefit upon lapse.

We will offer the contingent non-forfeiture benefit to all policies as described in the NAIC model bulletin. 157 policyholders will qualify as a result of the 20<sup>th</sup> duration trigger and no policyholders will qualify as a result of the percentage trigger.

The letter and the question and answer both clearly state the premiums are not guaranteed and that premiums may be raised in the future. The letter also specifies the policyholders specific benefit amount, elimination period, benefit period, and associated riders. The attached question and answer directs the policyholder to contact their agent and provides general options to reduce their premium increase. Additionally, the letter includes a paragraph on the contingent non-forfeiture benefit for those who qualify.

The reference to the guaranteed nature of the policy refers to the fact the policy is guaranteed renewable as long as premiums are paid in a timely fashion rather than premiums are not guaranteed for life. Please include this disclosure in the letter.

Both the letter and the question and answer state that premiums are not guaranteed for life.

We agree item 2 in the FAQ indicates there are options available as an alternative to paying higher premiums. The letter should include the details that correspond to the insured's individual policy and explain how to make such changes.

The letter specifies the policyholders specific benefit amount, elimination period, benefit period, and associated riders. The attached question and answer directs the policyholder to contact their agent and provides general options to reduce their premium increase. We currently do not have the functionality to put what is available to each specific policyholder in the question and answer document. That is why we provide the general options and ask them to contact their agent.

## The FAQ should also be amended regarding the Contingent Benefit Upon Lapse benefit.

The letter includes a paragraph on the contingent non-forfeiture benefit for those who qualify.

It would appear from your response the company is willing to implement this increase over a three year period. If so, what implementation schedule would be offered? The policyholder letter would need to incorporate this information as noted in the bulletin.

The first increase would be implemented on a policyholder's anniversary beginning approximately 135 days after approval. The  $2^{nd}$  increase would be implemented a year later on the policyholders anniversary, and the  $3^{rd}$  increase a year after the  $2^{nd}$  increase on the policyholders anniversary.

The full 40% maximum increase would be implemented in parts over 3 years. The average increase in year one would be 11.7%, with actual increases ranging from 0-12.6%. The average increase in year two would be 11.0%, with actual increases ranging from 0-12.4%. The average increase in year three would be 10.0%, with actual increases ranging from 0-12.1%.

Your previous response indicated a new schedule of benefits is sent to the insured when changes are made. Please provide evidence the policy was approved for such variability. If not, an endorsement will need to be created for review and approval and can be added to this filing or submitted as a new filing.

The attachment titled "Sample Agent Request Letter – Routine Policy Changes" is used when benefit reductions (or other routine policy changes) are requested by a policyholder. The policyholder's agent fills out this form and then has the principal insured sign it. After that, a new schedule of benefits that reflects the changes in the benefits and in the premiums is provided to the policyholder.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Enily Ehrstein

Emily Ehrstein, FSA, MAAA Actuarial Analyst State Farm Mutual Automobile Ins. Co. (309) 763-6988



#### Rate Increase Narrative for SERFF Filing # STLH-129237070

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

(Long-Term Care Early Rate Increase Notification – LTCI 97045 Virginia)

<Date>

<Insured Name & Address>

Re: LTCI policy number <<< Form Number: 97045

#### Dear < Insured name >:

As a valued State Farm® customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

#### <for 1st year>

As the costs of Long-Term care and the frequency of LTCI claims continue to rise, Long-Term Care Insurance providers are faced with pricing challenges. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long-Term Care Insurance policy premium will increase.

#### <for 1st year>

This increase will be taken over <TOTAL YEARS> years. This letter is for the <X> year of the increase. Depending on policy benefits, some policyholders will not receive all <TOTAL YEARS> years of increases. Based on your policy's current benefit selections, your policy will receive <NUMBER OF INCREASES> premium increases. Therefore, a premium increase will be applied and effective at your next policy <anniversary or renewal>.

#### <for subsequent years>

As a reminder, Long Term Care Insurance policies like yours (Form Number <FORM NUMBER>) issued in <WRITING STATE> are receiving a rate increase over <TOTAL YEARS> years. This letter is for the <X> year of the increase. Depending on policy benefits, some policyholders are not receiving all <TOTAL YEARS> years of the increase. Based on your policy's current benefit selections, your policy is receiving <NUMBER OF INCREASES> premium increases. Therefore, a premium increase will be applied and effective at your next policy anniversary.

Your new remium mode> premium will be <xxx>, effective on the next <anniversary or renewal> date of your policy, <XXX>. Your billing notice will reflect the new premium.

<for YEAR TWO>

Your <MODE> premium for <CURRENT YEAR PLUS 12 MONTHS> will be \$<SECONDYEAR RENEWAL AMOUNT>.

<for YEAR THREE>

Your <MODE> premium for <CURRENT YEAR PLUS 24 MONTHS> will be \$<THIRDYEAR RENEWAL AMOUNT>.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability.

Your current benefit selections include:

- Base daily benefit <amount> (does not include inflation protection benefit increases) if inflation protection = none, do not display
- Benefit factor <amount>
- Elimination period <amount>
- Inflation protection <S,C,N> (if none, do not display)
- Non-Forfeiture rider Yes (if none, do not display)

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.

Because of this premium increase, you qualify for a contingent non-forfeiture benefit. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options.

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: Agent name, <Processing State Code>-<Agent Code> <Agent Phone Number>

#### Agent Request Letter - Routine Policy Changes

Agent Request Letter - Routine Folicy Onlinges						
SFF Form Routing Information						
Emily Ehrstein (ML1J) - GWES HLTH-SERVICE-GENERIC (043O20)						
T○: GWES HLTH-SERVICE-GENERIC (043O20) <b>②</b>						
Emily Ehrstein (ML1J)						
bcc: <click address="" buttons="" recipients="" select="" the="" to=""></click>						
<ul> <li>✓ Indicates Required Information</li> <li>✓ Indicates a form refresh field</li> </ul>						
Routine Policy Changes						
✓ Policy number: H Principal insured's name:						
Pending Application						
•						
☑ In Force Policy						
<ul> <li>Address Change</li> <li>□ Date of Birth Correction</li> <li>□ Change Premium Payment Mode</li> <li>□ Request Cancel</li> <li>□ Remove Insured</li> <li>□ Add Newborn</li> <li>□ Add Non-Tobacco Discount (applies to Basic Hospital-Surgical; Disability Income; and Mortgage Disability Income Insurance)</li> <li>□ Changes to Hospital Income; Long-Term Care; Disability Income; and Mortgage Disability Income Insurance</li> <li>Note: For Hospital Income, Disability Income, and Mortgage Disability Income Insurance, any increase in coverage or addition of riders require a fully completed and currently dated application. However, for Long-Term Care Insurance (other than policies eligible for the Flexible Purchase Option benefit), increase in coverage changes are no longer allowed.</li> </ul>						
☑ Increase elimination period						
To: days.						
Effective: 15						
☑ Decrease daily/monthly benefit						
To:						
Effective:						

			Page 2 01
	To: Effective:	year(s)	
	Effective: Principal insured's signature:	(Specify Rider. It is important the policyholder understands the consequences of this change, especially for Long-Care Term.)  NOTE: This form will need to be printed, signed, and then mailed or faxed to the following: State Farm Insurance Companies Greeley Health Operations Center P.O. Box 339404 Greeley, CO 80633-9404  Fax #970-395-4199  Change to a less hazardous or a less manual intensive occupation	
ಎ	Spousal Disco Change owne ID card reques Duplicate polic Reissue (New Divorce Split Dependent Co	rship (applies only to Hospital Income Insurance) t cy request ly Issued Policy)	
	Indicates Required Informa Indicates a form refresh fie		

Created by Emily Ehrstein (ML1J) [JOBTITLE - ACTUARIALANSTIII] on 11/13/2014 at 10:24:07 AM (central time) using version 1.39 of Form ID 120304



April 24, 2015

Dear Ms. Houser,

This letter is in response to your objection dated January 27, 2015.

1. According to your response, the company is willing to implement the rate increase in three phases: 11.7%, 11%, and 10%. As a result, we ask the letters be amended to indicate the overall rate increase is 36.4% (1.117x1.11x1.10) and will be implemented over a three year period.

A sentence has been added to the letter that indicates the rate increase being received by the individual policyholder (paragraph 3 of letter). This percentage will be updated each year to show the percentage remaining. In this way, policyholders who are receiving an increase less than the overall rate increase of 36.4% will not be misled.

- 2. The letter or the FAQ should be more specific as to why a rate increase is needed. The letter indicates the rising costs and frequency of claims are requiring a rate increase. Please expand that explanation so that the insured understands how that impacts his policy similar to what the company has stated in the narrative of the Rate Summary.
  - FAQ #1 has been amended to include more specifics as to why the rate increase is needed using language similar to that suggested from the Rate Summary narrative.
- 3. The revised letter indicates that depending on policy benefits, some policyholders will not receive all [total years] of increases. Please explain why this would occur.
  - In some cells, we originally proposed rate increases smaller than 40%. If we originally proposed 10% for a given cell, those policyholders would receive the full 10% in the first year of the rate increase (and then no increase in the second and third years of the rate increase implementation).
- 4. Please provide a statement of variability so that we can understand what will appear in the initial letter and letters in subsequent years.
  - A statement of variability has been provided. Additionally, the policyholder notification letter has been highlighted in yellow where variable information exists.
- 5. Under the current selections, it includes the non-forfeiture rider. The letter states the person qualifies for a non-forfeiture benefit and their billing notice will provide additional detail. Please provide with a copy of such notice. Also, please clarify in the

letter so that a person understands these are two separate options: the non-forfeiture rider that a person purchased and the contingent benefit upon lapse benefit that is being offered to those who did not purchase the rider and is now available. As a result, the response to question 6 in the FAQ should be revised as well to make this clear to the insured.

A copy of the billing notice has been provided. Under the 'Rates for this Policy' section, the contingent non-forfeiture benefit is described. Please note that this section only appears if a policyholder qualifies for the contingent non-forfeiture benefit.

Additionally, FAQ #6 has been revised to include a statement about the contingent non-forfeiture benefit.

The third to last paragraph in the letter has also been revised to include a statement that the contingent non-forfeiture benefit is separate from any non-forfeiture benefit that may have been purchased along with the policy.

6. We note the company has indicated Long Term Care insurance premiums are not guaranteed and may increase. For compliance with the NAIC Bulletin, please indicate Long Term Care Insurance itself is guaranteed renewable although rates are not.

A statement has been added to the letter indicating that Long Term Care Insurance is guaranteed renewable.

7. Under question 2 on the FAQ it is indicated the individual may remove the non-forfeiture benefit rider. Is this the only rider available on these policies? If not, we suggest this state that riders may be removed. Please keep in mind, the person does have the option to exercise the non-forfeiture benefit as an alternative for paying higher premiums in addition to deleting the rider.

The non-forfeiture rider and the simple/compound inflation riders are the only riders on these policies that would impact the premium. Since the inflation riders are addressed in the fourth part of FAQ#2, the only remaining rider is the non-forfeiture rider. The inflation riders were specifically called out since reducing or removing these riders typically has a very large premium impact and can help with affordability where needed.

8. Please provide a copy of this letter on the company's letterhead paper.

A copy of the revised letter has been provided on the appropriate letterhead paper.

Please amend the Rate/Rule Schedule to reflect the true overall percent rate increase
of 36.4% if implemented over three years. The range would be 0% to 41.9%
(1.126x1.124x1.121). Please provide rates for each implementation period. Please

amend the affected policy forms to match exactly as approved. Our records indicate the approved form numbers are: 97045VA.1, 99504VA, 99505.

Yearly rate tables have been attached on the rate/rule schedule tab.

Because of rounding, different policyholders receive the maximum rate increase in each year. The maximum that one policyholder will receive is 40.5%. I have updated the rate/rule tab to reflect this as well as the 36.4% average rate increase.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Enily Ehrstein

Emily Ehrstein, FSA, MAAA Actuarial Analyst State Farm Mutual Automobile Ins. Co. (309) 763-6988



#### <DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

#### <INSURED NAME & ADDRESS>

Re: <a href="#"><POLICY NUMBER></a>
Form Number: <a href="#"><FORM NUM></a>

#### Dear <INSURED NAME>:

As a valued State Farm® customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

As the costs of Long-Term care and the frequency of LTCI claims continue to rise, Long-Term Care Insurance providers are faced with pricing challenges. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long-Term Care Insurance policy premium will increase.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Depending on policy benefits, some policyholders will not receive all <TOTAL YEARS> years of increases. Based on your policy's current benefit selections, your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability.

Your current benefit selections include:

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE>

Page 2 of 5

- Base daily benefit < DAILY BENEFIT AMOUNT>
- Benefit factor < BENEFIT FACTOR AMOUNT>
- Elimination period <<u>ELIMINATION PERIOD AMOUNT></u>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider –

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge. Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent non-forfeiture benefit. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent non-forfeiture benefit is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

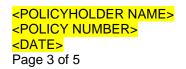
The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <aGENT NAME>, <PROCESSING STATE CODE>-<aGENT CODE> <aGENT PHONE NUMBER>



#### **Questions and Answers**

### 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

#### 2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing the nonforfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

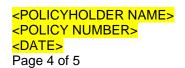
### 3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations.

### 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

#### 5. My policy is currently in claim status and I am receiving



#### benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

### 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent non-forfeiture benefit. If you qualify for contingent non-forfeiture, you'll be notified on your billing notice and in this policyholder letter.

### 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

### 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval).

#### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

## 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and

<POLICYHOLDER NAME>
<POLICY NUMBER>
<DATE>
Page 5 of 5

additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

## Statement of Variability VA 97045 – Policyholder Notification Letter

#### The following bracketed items are considered variable:

- <DATE>: Date of letter
- <POLICY NUMBER>: Policy number
- <FORM NUM>: This will indicate '97045' for this filing
- <INSURED NAME & ADDRESS>: Insured name and address
- <TOTAL YEARS>: This will indicate three since the rate increase is being phased in over three
  years
- <YEAR>: Indicates which year of the phase in the letter is for
- <NUMBER OF INCREASES>: Number of rate increases being received by a policyholder
- <OVERALL RATE INCREASE>: Total rate increase being received by a policyholder over the three year phase in
- <ANNIVERSARY OR RENEWAL>: This will indicate 'anniversary' for this filing
- <PREMIUM MODE>: Indicates if premium mode is annual, semi-annual, or quarterly
- <MODAL PREMIUM>: Premium for period based on premium mode
- <DATE OF RATE INCREASE>: Date rate increase will become effective for a policy
- <POLICYHOLDER NAME>: Policyholder name
- <DAILY BENEFIT AMOUNT>: This will indicate the daily benefit amount and if there is inflation protection, will be followed by 'does not include inflation protection benefit increases'.
- <BENEFIT FACTOR AMOUNT>: Benefit period of policy
- <ELIMINATION PERIOD AMOUNT>: Elimination period of policy
- <INFLATION PROTECTION>: Indicate inflation protection level (if no inflation on policy, then this line will not display)
- <NON-FORFEITURE RIDER>: 'Yes' if non-forfeiture rider is on policy (if no non-forfeiture rider on policy, then this line will not display)
- <Because of this premium increase...>: This paragraph will only display if the policyholder qualifies for the contingent non-forfeiture benefit
- <AGENT NAME>: Agent name
- <PROCESSING STATE CODE>: Code indicating state
- <AGENT CODE>: Code indicating agent
- <AGENT PHONE NUMBER>: Agent phone number



State Farm®

State Farm Mutual Automobile Insurance Company

P.O. Box 339404 Greeley, CO. 80633-9404

AT1

1866-36



HEALTH INFORMATION

POLICY NUMBER
LONG TERM CARE
SEP 22 2014 TO MAR 22 2015

DATE DUE

PLEASE PAY THIS AMOUNT
See Note Below

NOTE: This is not a bill. This notice is provided for information only.

The Semiannual premium of \$1,240.00 will be billed through the State Farm Payment Plan in six equal amounts. Your State Farm Payment Plan Number is 0361520026.

#### LONG TERM CARE POLICY SUMMARY AS OF SEP 22 2013

BASIC POLICY - LONG TERM CARE INSURANCE

ELIMINATION PERIOD

90 DAYS

DAILY HOME AND ADULT DAY CARE BENEFIT

\$170.00

DAILY FACILITY BENEFIT MAXIMUM LIFETIME BENEFIT

\$170.00 \$310250.00

INSURED:

MILTON DEASON

PLEASE REFER TO YOUR POLICY FOR COMPLETE DETAILS. ALL COVERAGES ARE SUBJECT TO POLICY PROVISIONS AND APPLICABLE ENDORSEMENTS.

#### IMPORTANT INFORMATION

Below are changes to the Notice of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Practices, effective September 23, 2013. A copy of the revised notice is available from your agent or statefarm.com.

\*Your Authorization-Even though we do not use or disclose your personal health information for marketing or sell your personal health information to third parties, we must notify you that the following uses or disclosures specifically require your prior authorization: 1)uses and disclosures of personal health information for marketing purposes 2)disclosures that constitute a sale of personal health information and 3)most uses and disclosures of psychotherapy notes.

\*Underwriting-We are prohibited from using or disclosing personal health information that is genetic information for underwriting purposes.

\*Notification of Breaches-You have the right to receive notice following a breach of

Date

your personal health information.

\*Your State Privacy Rights-Your state law may provide greater or different privacy rights regarding the protection, use or disclosure of information related to victims of abuse or domestic violence.

Thanks for letting us serve you. We appreciate our long term	continued on back
Agent Telephone 1866	Prepared JUL 17 2014
IF YOU HAVE MOVED PLEASE CONTACT YOUR AGENT INSURED	THIS IS NOT A BILL. THIS NOTICE IS PROVIDED FOR INFORMATION ONLY.  DATE DUE PLEASE PAY THIS AMOUNT
POLICY NUMBER LONG TERM	CARE
O361520026  REDUCE MY ADJUSTED DAILY BENEFIT TO \$ 149.00  CONVERT MY POLICY TO PAID UP STATUS WITH A SHORTENED BENEFIT PERIOD.	Please contact your State Farm agent to make any policy changes.  0604412012  Insurance Support Center

127153.4 07-18-2014 (o1h1542k)

Signature

or office use only

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1201

Insurance Support Center P.O. Box 680001 Dallas, TX 75368-0001

<u> Կլիի իկիլ Ունսկնիգիին հիվակնիայինիկիլ իննաննինը</u>

HLTH INF

#### RATES FOR THIS POLICY

Premium for your Long Term Care policy has increased.

Marine Marine

If you do not wish to pay the higher premium amount, you have the option of keeping your premium from increasing by reducing your \$ Adjusted Daily Benefit from \$170.00 to \$149.00. The Maximum Lifetime Benefit available for all covered care or services will decrease to \$271,924.82. To exercise this option, check the appropriate line in the remittance notice and return that portion of the notice in the enclosed envelope. Your premium will be \$979.60.

You can convert your policy to a paid up status with a shortened benefit period. If you choose this option, no further premiums are due. The maximum benefit available for all covered care or services will be the greater of 100% of all premiums paid on your policy or thirty (30) times your policy's current daily benefit. To exercise this option, check the second line in the remittance notice and return in the enclosed envelope.

If you do not pay the higher premium or exercise the option to reduce your \$ Adjusted Daily Benefit within 120 days of your renewal date, the option of converting your policy to paid up status will automatically be exercised.

#### COVERAGE OPTION(S)

Your Long-Term Care policy currently includes an Automatic Increase Benefit Rider. This rider automatically increases the Daily Benefit each year on your policy's anniversary date. If you decide to remove this rider from your policy, the amount of Daily Benefit you have accrued will become the new Maximum Benefit amount. If removed, there will be no additional automatic increases for your Daily Benefit and the premium associated with the rider will no longer be charged to you. A signed request is required in order to remove the Automatic Increase Benefit Rider from a Long-Term Care Insurance policy.

#### JUST A REMINDER

You have the right to name another person, in addition to yourself, to receive notification if your policy will terminate because of nonpayment of premium.

If you previously named another person, please notify us of any change to the other person's address.

To add, remove, or change the person designated, please contact your State Farm agent.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.



THE REAL PROPERTY AND ADDRESS OF

NAME: LONG-TERM CARE COVERAGE CHANGE)

(ADDED: 04-09-15) (CARBON COPIES: 2) (DISPLAY LETTER: Y) <CURRENT DATE>

- <INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Dear <INSURED LAST NAME>:

<BEGIN BODY>

The enclosed policy schedule reflects a recent change that has been made to your Long Term Care policy.

At your request the following change(s) has(ve) been made:

<@ELIMINATION PERIOD>

The elimination period has been changed to <ELIM PERIOD> days.

<@DAILY BENEFIT>

The daily benefit has been changed to \$<BEN AMT>.

#### <@BENEFIT PERIOD>

The benefit period has been changed to <BEN PERIOD>.

#### <@AUTOMATIC INC REMOVED>

The Automatic Increase Rider has been removed. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

#### <@RIDER CHANGE>

The <ORIGINAL RIDER> rider has been changed to <NEW RIDER>. The daily benefit amount has been revised to \$<NEW BEN AMT>.

#### <@CONTINGENT BENEFIT OFFER>

The Contingent Benefit Offer has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

#### <@NONFORFEITURE REMOVED>

The Non-Forfeiture Rider has been removed.

#### <@FUTURE PURCHASE OPTION>

The Future Purchase Option has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

#### <@RATE CLASS CHANGE>

The Rate Class has been changed to Preferred.

Please place the new Policy Schedule and a copy of this letter with your policy.

If you have any questions, please contact your State Farm agent.

<END OF BODY>

Sincerely,

Policyholder Service
Health Insurance Division
<#CO NAME 1><#CO NAME 2><#CO NAME 3>

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>

#### STATEMENT OF VARIABILITY

#### Long-Term Care Coverage Change A-LTCICHG

#### The following bracketed items are considered variable.

[CURRENT DATE]: The current date.

[INSURED NAME AND ADDRESS]: The insured's name and address.

[H<POLICY NUMBER> <PST>]: The insured's policy number.

[INSURED LAST NAME]: The insured's last name.

[ELIMINATION PERIOD]: The number of the elimination days has changed.

[DAILY BENEFIT]: The amount the daily benefit has been changed to.

[AUTOMATIC INC REMOVED]: Removal of the Automatic Increase Rider and the new daily benefit amount.

[RIDER CHANGE]: When one rider changes to another.

[CONTINGENT BENEFIT OFFER]: When a Contingent Benefit Offer is excepted and the new daily benefit amount.

[NON-FORFEITURE REMOVED]: The Non-forfeiture Rider has been removed.

[FUTURE PURCHASE]: The Future Purchase Option has been accepted and the new daily benefit amount.

[RATE CLASS CHANGE]: When the Rate Class changes.

[COMPANY NAME]: State Farm Mutual Automobile Insurance Company.

[AGENT NAME/AGENT CODE]: The Agent's name and Agent's code.



State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710-001

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its' knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant there to.

Chi A- missell

Chris A McNeilly Assistant Secretary/ Treasurer May 5, 2015

#### VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer: State Farm Mutual Automobile Insurance

Title of Form: Amendment Rider

Policy Form Number: <u>A-LTCICHG</u>

I hereby certify that the Flesch reading ease score of the above policy form is  $\underline{65.2}$ . It contains  $\underline{16}$  sentences,  $\underline{117}$  words and  $\underline{----*}$  syllables. The type size of the text of the policy forms is  $\underline{12}$  point type,  $\underline{1}$  point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section <u>38.2-3404</u> of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Chi A. Mishell	_ Signature of an Officer of the Insurer
Chris A McNeilly	_ Name
(Print) Assistant Secretary	Title
May 5, 2015 D	ate

<sup>\*</sup>Note: The system we use to calculate readability does not count syllables.

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 1	Day Emilination Fe	riou	90 1	Jay Ellillilliation Fe	1100
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.2%	12.1%	12.3%	12.2%	11.8%	12.0%
30-34	12.0%	12.1%	11.9%	12.4%	12.2%	12.0%
35-39	12.1%	12.0%	11.9%	11.9%	11.8%	12.2%
40	12.0%	12.2%	12.1%	12.0%	12.2%	12.1%
41	12.1%	12.1%	12.2%	12.2%	12.1%	11.9%
42	12.1%	11.9%	11.9%	12.3%	12.0%	12.0%
43	12.0%	11.9%	12.1%	12.2%	12.1%	11.9%
44	11.9%	12.0%	12.2%	12.1%	12.2%	12.1%
45	11.8%	12.0%	12.1%	12.1%	11.9%	12.0%
46	12.2%	12.0%	12.2%	12.0%	12.0%	12.0%
47	11.9%	12.1%	12.1%	11.8%	11.9%	12.2%
48	12.2%	12.1%	12.1%	12.3%	12.0%	12.0%
49	12.1%	12.1%	12.0%	12.2%	12.0%	12.1%
50	12.0%	12.1%	12.0%	12.1%	12.1%	12.0%
51	11.9%	12.1%	12.1%	12.0%	12.2%	12.1%
52	12.2%	12.1%	12.1%	12.0%	12.0%	12.0%
53	12.0%	12.0%	12.1%	12.2%	12.1%	12.1%
54	12.1%	12.0%	12.1%	12.0%	12.0%	12.1%
55	11.9%	12.1%	12.1%	12.2%	12.1%	12.1%
56	11.9%	12.0%	12.1%	12.0%	12.1%	12.1%
57	12.1%	12.0%	12.0%	11.9%	12.0%	12.0%
58	12.2%	12.1%	12.1%	12.1%	12.0%	12.0%
59	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
60	12.0%	12.1%	12.1%	12.1%	12.0%	12.1%
61	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%
62	12.0%	12.0%	12.0%	12.1%	12.1%	12.1%
63	12.0%	12.0%	12.1%	12.1%	12.0%	12.1%
64	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
65	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
66	12.1%	12.1%	12.0%	12.1%	12.0%	12.0%
67	12.0%	12.0%	12.1%	12.1%	12.0%	12.1%
68	12.1%	12.0%	12.0%	12.0%	12.1%	12.1%
69	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
70	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
71	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%
72	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
73	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
74	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
76	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
77	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
78	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
79	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
81	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
82	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
83	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
84	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 1	Day Elimination Pe	riod	90 I	riod	
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	13.0%	12.7%	12.2%	12.2%	12.3%	12.1%
30-34	11.7%	11.7%	12.4%	13.0%	11.8%	11.7%
35-39	11.5%	12.3%	12.0%	12.7%	11.8%	12.3%
40	12.5%	12.3%	12.2%	12.5%	12.0%	12.0%
41	12.0%	11.8%	12.2%	12.0%	12.3%	12.0%
42	12.5%	12.0%	12.1%	11.5%	11.8%	12.0%
43	11.8%	11.9%	11.9%	12.0%	11.8%	11.9%
44	12.1%	11.9%	12.2%	12.4%	11.8%	12.2%
45	12.4%	11.9%	12.0%	11.8%	11.9%	12.1%
46	11.8%	11.9%	12.2%	12.1%	12.0%	11.9%
47	11.9%	12.2%	12.2%	12.3%	11.8%	12.0%
48	12.0%	12.3%	12.2%	11.7%	12.0%	12.1%
49	12.1%	11.9%	12.2%	11.9%	12.3%	12.1%
50	12.3%	12.0%	11.9%	12.0%	11.9%	12.2%
51	11.8%	12.1%	12.2%	12.2%	12.1%	12.2%
52	11.9%	12.2%	11.9%	11.7%	11.9%	12.0%
53	11.8%	12.1%	12.1%	11.8%	12.2%	12.2%
54	11.8%	11.9%	12.0%	11.8%	12.1%	12.1%
55	12.3%	12.1%	12.1%	11.8%	12.0%	12.0%
56	12.2%	11.9%	12.2%	11.9%	12.2%	12.2%
57	12.1%	12.0%	12.0%	11.9%	12.0%	12.1%
58	12.2%	12.0%	12.1%	12.0%	12.1%	12.0%
59	11.9%	12.0%	12.0%	12.2%	12.1%	12.1%
60	11.9%	12.0%	12.1%	11.8%	12.1%	12.1%
61	11.9%	12.1%	12.1%	12.3%	12.0%	12.1%
62	12.1%	12.1%	12.0%	12.2%	11.9%	12.1%
63	12.1%	12.1%	12.1%	12.2%	12.0%	12.0%
64	11.9%	12.1%	12.0%	12.1%	12.1%	12.1%
65	12.0%	12.1%	12.1%	11.9%	12.1%	12.1%
66	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
67	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
68	12.0%	12.0%	12.0%	12.2%	12.0%	12.1%
69	12.0%	12.0%	12.1%	12.0%	12.1%	12.1%
70	12.2%	12.0%	12.0%	12.0%	12.0%	12.1%
71	12.1%	12.0%	12.1%	12.0%	12.0%	12.1%
72	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%
73	12.1%	12.0%	12.1%	12.0%	12.0%	12.1%
74	12.1%	12.1%	12.0%	12.1%	12.1%	12.0%
75	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
76	12.0%	12.1%	12.0%	12.0%	12.1%	12.1%
77	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
78	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
79	12.1%	12.0%	12.1%	12.0%	12.0%	12.0%
80	12.0%	12.1%	12.0%	12.1%	12.1%	12.0%
81	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
82	12.1%	12.1%	12.0%	12.0%	12.0%	12.1%
83	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
84	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%
			/0			

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.0%	11.8%	12.1%	12.2%	12.4%	12.0%
30-34	12.2%	11.9%	11.9%	11.8%	12.2%	12.0%
35-39	12.3%	11.9%	12.1%	12.3%	12.0%	12.1%
40	11.9%	11.9%	12.0%	12.1%	12.1%	12.1%
41	11.9%	12.1%	12.0%	12.2%	12.0%	12.2%
42	11.9%	12.1%	12.0%	12.2%	12.1%	12.2%
43	12.2%	12.1%	12.0%	12.0%	12.1%	12.0%
44	12.0%	12.0%	12.0%	11.8%	12.1%	12.1%
45	12.1%	11.9%	12.0%	12.2%	12.1%	12.1%
46	12.0%	12.2%	12.0%	12.0%	12.1%	12.0%
47	12.0%	12.1%	12.1%	12.1%	12.2%	12.1%
48	12.1%	12.0%	12.1%	12.3%	12.0%	12.1%
49	12.2%	12.0%	12.1%	12.0%	12.1%	12.0%
50	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
51	12.1%	12.1%	12.0%	11.9%	12.1%	12.0%
52	12.2%	12.0%	12.0%	12.0%	12.0%	12.1%
53	12.1%	12.0%	12.1%	12.1%	12.0%	12.0%
54	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
55	12.0%	12.1%	12.0%	12.0%	12.2%	12.1%
56	12.0%	12.1%	12.1%	12.0%	12.0%	12.1%
57	12.2%	12.1%	12.0%	11.9%	12.0%	12.0%
58	12.2%	12.1%	12.0%	12.0%	12.1%	12.0%
59	12.2%	12.1%	12.0%	12.0%	12.1%	12.1%
60	12.2%	12.1%	12.0%	12.1%	12.0%	12.1%
61	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
62	12.1%	12.0%	12.1%	12.1%	12.0%	12.1%
63	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
64	12.1%	12.0%	12.0%	12.0%	12.0%	12.1%
65	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
66	12.0%	12.1%	12.1%	12.1%	12.0%	12.1%
67	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
68	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
69	12.1%	12.0%	12.1%	12.1%	12.0%	12.1%
70	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%
71	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%
72	12.1%	12.1%	12.0%	12.0%	12.1%	12.0%
73	12.0%	12.1%	12.0%	12.1%	12.1%	12.0%
74	12.0%	12.1%	12.1%	12.1%	12.1%	12.0%
75	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
76	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
77	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
78	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
79	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
80	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
81	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%
82	12.0%	12.0%	12.1%	12.0%	12.0%	12.1%
83	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
84	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
٠.	12.070	12.170	12.070	12.170	12.070	12.170

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 1	Day Ellillillation Fe	1100	90 1	Jay Ellillilliation Fe	1100
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.2%	12.3%	12.0%	12.3%	12.2%	11.9%
30-34	11.8%	11.9%	11.9%	12.1%	12.1%	12.0%
35-39	11.7%	12.0%	12.0%	12.3%	12.0%	11.9%
40	12.1%	12.1%	12.0%	12.2%	12.2%	12.0%
41	12.1%	11.9%	11.9%	12.3%	12.0%	12.0%
42	12.2%	12.1%	12.0%	11.8%	11.9%	12.1%
43	12.0%	12.0%	12.0%	12.2%	11.9%	12.0%
44	11.8%	12.0%	12.1%	12.1%	12.0%	12.0%
45	12.2%	11.9%	12.1%	12.0%	12.0%	11.9%
46	12.0%	12.1%	11.9%	11.9%	12.0%	12.0%
47	12.1%	11.9%	12.0%	12.1%	12.1%	12.1%
48	11.9%	12.1%	12.0%	12.0%	12.1%	11.9%
49	12.1%	12.0%	11.9%	12.2%	12.1%	12.0%
50	11.9%	11.9%	11.9%	12.1%	12.0%	12.0%
51	12.1%	12.1%	12.1%	11.9%	12.0%	12.0%
52	11.9%	12.0%	12.1%	12.1%	12.0%	12.0%
53	12.0%	12.0%	12.0%	11.9%	12.1%	12.1%
54	12.0%	12.0%	12.0%	12.1%	11.9%	12.0%
55	12.0%	12.0%	12.0%	12.1%	11.9%	12.0%
56	12.0%	12.0%	12.0%	12.1%	12.1%	12.0%
57	12.0%	11.9%	12.0%	12.0%	12.0%	12.0%
58	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
59	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
60	11.9%	12.0%	12.0%	11.9%	12.1%	12.0%
61	12.1%	12.1%	12.0%	11.9%	12.1%	12.0%
62	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
63	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
64	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
66	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
67	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
71	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
74	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
76	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
77	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
78	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
79	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
81	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
82	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
83	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
84	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.5%	11.7%	12.1%	12.0%	11.8%	12.3%
30-34	12.2%	12.1%	12.1%	12.1%	11.6%	11.9%
35-39	11.6%	11.9%	12.0%	11.8%	11.7%	12.0%
40	12.0%	12.2%	12.2%	12.4%	12.2%	11.9%
41	12.4%	12.2%	12.1%	11.9%	12.3%	11.8%
42	11.9%	12.1%	11.9%	12.4%	12.3%	12.1%
43	12.1%	12.0%	11.9%	11.6%	12.2%	12.2%
44	12.2%	12.2%	12.0%	11.9%	12.1%	11.9%
45	12.3%	12.1%	12.0%	12.1%	11.9%	12.0%
46	11.7%	11.9%	12.0%	12.3%	11.8%	12.1%
47	11.7%	12.0%	12.1%	12.3%	12.0%	11.9%
48	11.8%	12.1%	12.1%	11.8%	12.1%	12.0%
49	11.9%	11.8%	11.9%	12.0%	12.0%	12.1%
50	12.1%	11.9%	12.0%	12.1%	12.1%	11.9%
51	12.2%	12.0%	12.0%	12.3%	12.0%	12.0%
52	12.2%	12.1%	12.0%	11.8%	12.1%	12.0%
53	12.2%	11.9%	12.1%	11.9%	11.9%	11.9%
54	12.1%	12.0%	12.1%	11.8%	12.1%	12.0%
55	11.9%	12.1%	12.0%	12.2%	11.9%	12.0%
56	12.2%	12.1%	12.0%	12.1%	12.0%	12.0%
57	12.1%	12.1%	12.1%	12.0%	12.0%	11.9%
58	12.0%	11.9%	12.0%	12.1%	11.9%	11.9%
59	12.1%	12.0%	12.0%	12.2%	12.1%	11.9%
60	12.1%	12.0%	11.9%	11.8%	11.9%	11.9%
61	12.0%	12.0%	12.0%	12.2%	12.0%	12.0%
62	12.2%	11.9%	12.1%	12.0%	12.0%	12.0%
63	12.1%	12.0%	12.0%	12.0%	12.1%	12.0%
64	12.2%	12.0%	12.0%	11.9%	12.0%	12.0%
65	12.1%	11.9%	12.0%	11.9%	12.0%	12.1%
66	12.1%	12.0%	12.0%	12.0%	12.0%	12.1%
67	12.0%	12.0%	12.0%	12.0%	12.0%	12.1%
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
70	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
71	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
72	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
74	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
76	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
77	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
78	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
79	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
81	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
84	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
-						

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.1%	11.9%	11.9%	11.5%	12.1%	12.0%
30-34	11.8%	12.2%	11.9%	11.8%	12.2%	11.9%
35-39	12.1%	12.1%	12.1%	11.9%	12.1%	12.1%
40	12.1%	12.1%	12.1%	12.0%	11.9%	12.0%
41	12.0%	12.1%	12.0%	12.0%	12.0%	11.9%
42	11.9%	12.0%	12.0%	11.9%	12.0%	12.0%
43	12.0%	12.1%	12.0%	12.1%	12.1%	12.1%
44	12.1%	12.1%	12.1%	11.9%	12.0%	12.0%
45	11.9%	11.9%	12.1%	12.1%	12.1%	12.1%
46	12.0%	11.9%	12.1%	11.9%	11.9%	12.0%
47	11.9%	12.0%	12.1%	11.9%	12.1%	12.0%
48	11.9%	12.0%	12.0%	11.9%	11.9%	12.1%
49	11.9%	12.1%	12.0%	12.0%	12.0%	12.0%
50	11.9%	11.9%	12.0%	12.0%	12.1%	12.1%
51	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%
52	11.9%	12.0%	12.0%	12.0%	12.0%	12.1%
53	12.1%	12.0%	12.0%	12.0%	12.1%	12.0%
54	12.0%	11.9%	12.0%	11.9%	12.0%	12.0%
55	12.1%	12.0%	12.0%	12.1%	12.0%	12.1%
56	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
57	11.9%	12.1%	12.0%	11.9%	12.0%	12.0%
58	12.1%	12.0%	12.0%	11.9%	11.9%	12.0%
59	12.1%	12.0%	12.0%	11.9%	11.9%	12.0%
60	12.1%	12.0%	12.0%	11.9%	12.0%	12.0%
61	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
62	12.0%	12.0%	12.1%	11.9%	12.1%	12.0%
63	11.9%	12.0%	12.0%	12.1%	12.1%	12.1%
64	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%
65	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
66	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
67	12.0%	12.1%	12.0%	11.9%	12.0%	12.0%
68	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.1%	12.0%	12.0%	11.9%	12.0%	12.0%
70	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
71	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
74	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
76	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
77	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
78	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
79	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
81	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
84	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	12.0%	12.2%	12.0%	12.0%	12.0%	11.9%	
30-34	12.4%	12.3%	12.3%	11.9%	12.0%	12.0%	
35-39	12.1%	11.9%	12.2%	12.1%	11.9%	12.2%	
40	11.9%	11.9%	12.2%	11.9%	12.1%	12.0%	
41	11.9%	12.1%	12.1%	12.0%	11.9%	12.1%	
42	11.9%	11.9%	12.2%	12.1%	12.1%	12.1%	
43	12.2%	12.2%	12.2%	12.0%	12.2%	12.2%	
44	12.0%	12.1%	12.0%	11.9%	12.1%	12.0%	
45	11.9%	12.1%	12.0%	12.3%	12.2%	12.1%	
46	12.1%	12.0%	12.0%	12.1%	12.2%	12.0%	
47	12.3%	12.0%	12.1%	11.9%	12.0%	12.1%	
48	12.0%	12.0%	12.1%	12.2%	12.0%	12.1%	
49	11.9%	12.2%	12.1%	12.0%	12.0%	12.1%	
50	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%	
51	12.0%	12.1%	12.1%	12.2%	12.0%	12.0%	
52	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%	
53	11.9%	12.0%	12.1%	11.9%	12.1%	12.0%	
54	12.0%	12.0%	12.0%	12.1%	12.1%	12.1%	
55	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%	
56	12.0%	12.0%	12.1%	12.2%	12.1%	12.1%	
57	12.1%	12.0%	12.0%	12.2%	12.1%	12.1%	
58	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%	
59	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%	
60 61	12.0% 12.1%	12.1% 12.0%	12.0% 12.1%	12.0% 12.0%	12.0% 12.0%	12.1% 12.1%	
62	12.0%	12.1%	12.0%	12.2%	12.0%	12.1%	
63	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%	
64	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%	
65	12.1%	12.0%	12.1%	12.0%	12.0%	12.0%	
66	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%	
67	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%	
68	12.1%	12.1%	12.0%	12.1%	12.1%	12.1%	
69 70	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%	
70	12.0%	12.0%	12.1%	12.0%	12.0%	12.1%	
71	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%	
72	8.0%	8.0%	8.0%	7.9%	8.0%	8.0%	
73	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	11.5%	12.5%	11.8%	13.0%	12.3%	11.8%	
30-34	11.9%	12.4%	11.7%	11.5%	11.6%	11.9%	
35-39	11.5%	12.4%	12.3%	12.5%	12.2%	12.1%	
40	12.1%	12.3%	12.3%	12.2%	12.1%	12.2%	
41	11.7%	11.8%	12.2%	11.8%	12.3%	12.2%	
42	12.0%	11.9%	12.1%	12.4%	11.8%	12.1%	
43	12.3%	11.8%	11.9%	11.7%	11.8%	11.9%	
44	11.7%	12.2%	12.0%	11.9%	12.4%	12.1%	
45	11.8%	12.1%	12.2%	12.3%	12.3%	12.0%	
46	12.0%	12.1%	11.9%	11.7%	12.3%	12.2%	
47	12.1%	12.2%	12.2%	11.7%	12.1%	12.1%	
48	12.1%	12.2%	12.1%	11.9%	12.1%	12.1%	
49	12.1%	12.2%	12.1%	12.1%	12.2%	12.1%	
50	12.2%	12.2%	12.0%	12.1%	11.9%	12.0%	
51	12.3%	12.2%	11.9%	12.2%	12.0%	12.0%	
52	12.3%	12.2%	12.2%	12.3%	12.1%	12.1%	
53	12.2%	12.0%	12.0%	12.3%	11.9%	12.1%	
54	12.1%	12.2%	12.0%	12.2%	12.1%	12.0%	
55	11.9%	12.0%	12.1%	12.2%	12.0%	12.1%	
56	12.2%	12.1%	12.1%	12.1%	12.1%	12.2%	
57	12.1%	12.1%	12.1%	12.1%	11.9%	12.0%	
58	12.1%	12.0%	12.1%	12.1%	11.9%	12.1%	
59	12.2%	12.0%	12.0%	12.2%	12.2%	12.0%	
60	12.3%	12.1%	12.0%	11.9%	12.1%	12.1%	
61	12.2%	12.1%	12.1%	12.2%	12.0%	12.1%	
62	12.2%	12.1%	12.0%	12.0%	12.1%	12.1%	
63	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%	
64	11.9%	12.1%	12.1%	12.2%	12.0%	12.0%	
65	12.2%	12.0%	12.1%	11.9%	12.1%	12.1%	
66	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%	
67	12.0%	12.1%	12.1%	11.9%	12.0%	12.0%	
68	12.1%	12.0%	12.0%	12.2%	12.1%	12.1%	
69	12.0%	12.1%	12.1%	12.2%	12.0%	12.1%	
70	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%	
71	12.1%	12.1%	12.1%	12.0%	12.1%	12.0%	
72	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%	
73	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%	
74	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%	
75	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	
76	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	
77	12.0%	12.1%	12.1%	12.1%	12.0%	12.0%	
78	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%	
79	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%	
80	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%	
81	12.1%	12.0%	12.1%	12.1%	12.0%	12.0%	
82	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%	
83	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%	
84	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%	
٠.	12.070	12.170	12.170	12.170	12.170	12.170	

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.5%	12.4%	12.2%	11.9%	12.3%	12.1%
30-34	12.2%	12.0%	12.0%	12.0%	11.8%	12.2%
35-39	12.0%	12.0%	12.1%	12.1%	12.2%	11.9%
40	12.0%	12.2%	12.1%	12.3%	12.1%	12.1%
41	12.0%	12.2%	12.1%	11.8%	12.0%	12.1%
42	11.9%	11.9%	12.0%	12.3%	12.0%	12.0%
43	12.0%	12.1%	12.1%	12.1%	12.0%	12.0%
44	12.2%	12.0%	12.1%	11.9%	12.2%	12.0%
45	11.9%	12.1%	12.0%	12.0%	12.1%	12.0%
46	12.1%	12.0%	12.1%	11.9%	12.0%	12.0%
47	12.0%	12.1%	12.1%	12.2%	12.0%	12.0%
48	12.1%	12.1%	12.1%	12.0%	12.1%	12.0%
49	12.1%	12.1%	12.0%	12.1%	12.1%	12.0%
50	11.9%	12.1%	12.0%	12.2%	12.0%	12.0%
51	12.0%	12.1%	12.1%	12.0%	12.0%	12.1%
52	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
53	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%
54	12.2%	12.1%	12.1%	12.0%	12.1%	12.1%
55	12.1%	12.1%	12.1%	11.9%	12.1%	12.0%
56	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
57	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
58	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
59	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
60	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
61	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
62	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%
63	12.0%	12.1%	12.0%	12.2%	12.1%	12.1%
64	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%
65	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
66	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%
67	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
68	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
69	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%
70	12.1%	12.0%	12.1%	12.1%	12.0%	12.1%
71	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%
72	12.1%	12.1%	12.0%	12.0%	12.0%	12.1%
73	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%
74	12.0%	12.1%	12.0%	12.1%	12.1%	12.1%
75	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
76	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
77	12.0%	12.0%	12.1%	12.0%	12.1%	12.1%
78	12.1%	12.1%	12.0%	12.1%	12.1%	12.1%
79	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
80	12.1%	12.1%	12.0%	12.1%	12.1%	12.0%
81	12.1%	12.1%	12.1%	12.1%	12.1%	12.0%
82	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
83	12.0%	12.1%	12.1%	12.1%	12.0%	12.1%
84	12.0%	12.1%	12.0%	12.0%	12.1%	12.1%
٠.	12.070	12.170	12.070	12.070	12.170	12.170

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 1	Day Emilination Fe	riou	90 1	Jay Ellillilliation Fe	1100
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	11.9%	12.2%	12.1%	12.1%	12.2%	12.2%
30-34	12.0%	12.0%	12.1%	11.7%	11.8%	11.8%
35-39	12.2%	12.1%	12.1%	12.3%	11.9%	12.1%
40	11.9%	12.0%	11.9%	12.0%	11.9%	12.0%
41	12.3%	12.1%	12.1%	12.0%	12.1%	12.0%
42	11.8%	11.9%	12.0%	12.1%	11.9%	12.0%
43	12.1%	12.1%	12.0%	11.9%	11.9%	12.0%
44	11.9%	12.0%	12.0%	12.2%	12.1%	12.0%
45	12.0%	12.1%	11.9%	12.1%	12.1%	12.1%
46	11.9%	12.0%	12.1%	11.9%	12.0%	12.1%
47	11.9%	12.0%	12.1%	12.0%	12.0%	12.1%
48	12.0%	12.1%	12.0%	11.8%	12.0%	12.1%
49	12.1%	11.9%	12.1%	12.0%	12.1%	12.0%
50	11.9%	12.0%	12.0%	12.2%	12.0%	12.0%
51	12.0%	12.1%	12.1%	12.0%	12.0%	12.0%
52	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%
53	12.1%	11.9%	12.0%	11.9%	11.9%	12.0%
54	12.0%	12.1%	12.0%	12.0%	11.9%	12.1%
55	12.0%	11.9%	12.0%	11.9%	12.0%	12.1%
56	12.1%	12.0%	12.1%	12.1%	12.1%	12.0%
57	12.1%	12.0%	12.0%	12.0%	12.0%	12.1%
58	12.0%	12.0%	12.1%	11.9%	12.0%	12.0%
59	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
60	11.9%	12.0%	12.0%	12.1%	12.0%	12.0%
61	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
62	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
63	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
64	12.0%	12.0%	12.0%	12.1%	12.1%	12.0%
65	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%
66	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
67	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
71	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
72	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
73	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.7%	12.4%	12.2%	12.5%	11.6%	11.7%
30-34	12.0%	12.2%	11.8%	12.2%	12.0%	12.3%
35-39	12.3%	12.3%	11.9%	11.6%	11.7%	12.0%
40	12.4%	11.8%	11.9%	11.9%	12.0%	12.2%
41	11.8%	11.8%	12.1%	12.4%	12.0%	12.0%
42	12.1%	12.2%	11.9%	11.9%	11.9%	11.8%
43	12.2%	12.0%	11.9%	12.0%	11.8%	12.2%
44	12.2%	12.1%	12.1%	12.1%	12.1%	11.9%
45	12.3%	11.9%	12.1%	12.2%	11.9%	11.9%
46	11.7%	12.1%	12.0%	12.3%	12.2%	11.9%
47	12.2%	12.1%	12.0%	12.3%	11.8%	12.0%
48	12.2%	12.1%	12.0%	11.8%	11.9%	12.0%
49	12.2%	12.1%	12.0%	11.9%	12.1%	12.0%
50	11.8%	12.1%	12.0%	11.9%	12.1%	12.1%
51	11.8%	12.1%	12.0%	12.0%	11.9%	12.0%
52	11.8%	11.9%	11.9%	12.2%	12.0%	12.1%
53	12.2%	11.9%	11.9%	12.1%	12.1%	12.1%
54	12.1%	12.0%	12.1%	12.0%	11.9%	12.1%
55	11.8%	12.0%	12.0%	11.8%	12.0%	12.0%
56	12.0%	12.0%	12.0%	12.1%	12.0%	12.1%
57	11.9%	12.1%	12.0%	12.0%	12.0%	12.0%
58	12.2%	11.9%	11.9%	12.0%	12.1%	12.0%
59	11.8%	12.1%	12.0%	12.0%	12.1%	12.1%
60	12.2%	12.1%	12.0%	12.1%	11.9%	12.0%
61	12.1%	12.0%	12.0%	12.0%	12.1%	12.0%
62	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
63	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
64	11.9%	12.1%	12.0%	12.1%	12.1%	12.1%
65	12.1%	11.9%	12.1%	12.1%	12.0%	12.0%
66	11.9%	12.1%	12.0%	12.0%	12.1%	12.0%
67	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
68	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
69	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%
70	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
71	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.1%	12.1%	12.0%
74	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
76	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
77	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
78	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
79	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
81	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
84	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
0-7	12.0/0	12.070	12.0/0	12.0/0	12.070	12.0/0

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 1	Day Elimination Pe	riod	90 I	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.3%	12.0%	12.0%	12.1%	11.8%	11.9%
30-34	11.8%	11.9%	11.9%	11.8%	12.1%	12.1%
35-39	12.2%	12.1%	12.0%	12.1%	12.0%	12.1%
40	12.0%	12.0%	12.0%	12.1%	12.0%	12.1%
41	11.9%	11.9%	12.1%	12.0%	12.0%	11.9%
42	12.1%	12.0%	12.0%	11.8%	11.9%	11.9%
43	12.1%	12.0%	12.0%	12.0%	12.0%	11.9%
44	12.1%	12.0%	12.1%	12.1%	12.0%	11.9%
45	11.9%	12.0%	12.0%	11.8%	12.0%	12.0%
46	11.9%	12.1%	12.0%	12.0%	12.0%	12.0%
47	12.0%	12.0%	12.0%	11.9%	12.1%	12.1%
48	12.0%	12.0%	12.0%	12.2%	11.9%	11.9%
49	12.0%	12.0%	12.0%	11.9%	12.0%	12.0%
50	11.9%	12.1%	12.0%	12.1%	12.0%	12.0%
51	11.9%	12.0%	12.0%	12.1%	12.0%	12.0%
52	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
53	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
54	12.1%	12.0%	12.0%	11.9%	12.0%	12.1%
55	11.9%	12.0%	12.0%	12.0%	11.9%	12.0%
56	12.0%	12.0%	12.0%	11.9%	12.0%	12.0%
57	11.9%	12.0%	12.0%	12.1%	12.0%	12.0%
58	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
59	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
60	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
61	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
62	12.0%	12.0%	12.0%	11.9%	12.0%	12.0%
63	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
64	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
66	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
67	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
71	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
74	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
76	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
77	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
78	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
79	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
81	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
84	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

Issue         2 Year         5 Year         Lifetime         2 Year         5 Year         Lifetime Period           Age         Benefit Period         Benefit Period         Benefit Period         Benefit Period         Benefit Period           18-29         11.7%         11.4%         11.2%         11.8%         12.1%         11.6%           30-34         11.0%         11.4%         11.3%         11.2%         11.8%         11.2%           40         11.6%         11.6%         11.3%         11.8%         11.5%         11.5%           41         11.6%         11.4%         11.3%         11.3%         11.5%         11.5%           42         11.5%         11.8%         11.5%         11.5%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.5%         11.5%           44         11.6%         11.6%         11.5%         11.4%         11.5%         11.4%         11.5%           43         11.3%         11.4%         11.5%         11.4%         11.4%         11.5%           44         11.6%         11.5%         11.4%         11.4%         11.4%         11.4%           47 </th <th></th> <th>30 1</th> <th>Day Emilination Fe</th> <th>riou</th> <th>90 1</th> <th>Jay Ellillillation Fe</th> <th>1100</th>		30 1	Day Emilination Fe	riou	90 1	Jay Ellillillation Fe	1100
18-29         11.7%         11.4%         11.2%         11.8%         12.1%         11.6%           30-34         11.0%         11.4%         11.3%         11.5%         11.5%         11.5%           40         11.6%         11.6%         11.3%         11.8%         11.5%         11.5%           40         11.6%         11.4%         11.3%         11.8%         11.5%         11.5%           41         11.6%         11.4%         11.3%         11.5%         11.5%         11.5%           42         11.5%         11.4%         11.3%         11.5%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.6%         11.6%           45         11.8%         11.4%         11.5%         11.4%         11.4%         11.6%           46         11.2%         11.4%         11.5%         11.3%         11.7%         11.3%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.5%           48         11.4%         11.6%         11.5	Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
30-34	Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
35-39		11.7%	11.4%	11.2%	11.8%	12.1%	11.6%
35-39	30-34	11.0%	11.4%	11.3%	11.5%	11.2%	11.5%
40 11.6% 11.6% 11.3% 11.3% 11.5% 11.	35-39	11.4%			11.4%		11.2%
41         11.6%         11.4%         11.3%         11.3%         11.7%         11.5%           42         11.5%         11.3%         11.5%         11.5%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.5%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.7%         11.4%         11.7%         11.4%         11.7%         11.5%         11.8%         11.7%         11.5%         11.6%         11.7%         11.5%         11.6%         11.7%         11.5%		11.6%		11.3%		11.5%	11.5%
42         11.5%         11.8%         11.5%         11.3%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.4%         11.6%           45         11.8%         11.5%         11.5%         11.4%         11.4%         11.7%           46         11.2%         11.4%         11.5%         11.8%         11.7%         11.3%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.3%           48         11.4%         11.6%         11.2%         11.7%         11.3%           49         11.6%         11.2%         11.5%         11.5%         11.5%         11.5%         11.5%         11.7%         11.5%		11.6%	11.4%		11.3%	11.7%	11.5%
43         11.3%         11.4%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.4%         11.6%           45         11.8%         11.5%         11.5%         11.4%         11.4%         11.4%           46         11.2%         11.4%         11.5%         11.3%         11.4%         11.7%         11.3%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.3%           48         11.4%         11.6%         11.5%         11.5%         11.7%         11.3%           49         11.6%         11.5%         11.5%         11.6%         11.5%         11.4%         11.7%         11.5%           50         11.4%         11.5%         11.5%         11.4%         11.5%							
44         11.6%         11.5%         11.5%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.7%         11.7%         11.7%         11.7%         11.7%         11.7%         11.7%         11.5%         11.4%         11.5%         11							
45         11.8%         11.5%         11.5%         11.4%         11.4%         11.4%         11.7%           46         11.2%         11.4%         11.5%         11.3%         11.4%         11.7%         11.3%         11.3%         11.3%         11.3%         11.3%         11.3%         11.3%         11.3%         11.3%         11.3%         11.3%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.4%         11.1.4%         11.1.5%         11.4%         11.1.5%         11.							
46         11.2%         11.4%         11.5%         11.3%         11.4%         11.7%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.3%           48         11.6%         11.6%         11.4%         11.2%         11.5%							
47         11.3%         11.4%         11.5%         11.8%         11.7%         11.3%           48         11.4%         11.6%         11.2%         11.7%         11.5%         11.5%         11.5%         11.5%         11.6%         11.3%         11.5%         11.6%         11.3%         11.5%         11.6%         11.3%         11.7%         11.7%         11.7%         11.7%         11.7%         11.7%         11.7%         11.7%         11.5% <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
48         11.4%         11.2%         11.7%         11.5%           49         11.6%         11.2%         11.6%         11.5%         11.6%         11.3%           50         11.4%         11.4%         11.5%         11.5%         11.6%         11.7%         11.7%           51         11.6%         11.5%         11.5%         11.2%         11.3%         11.5%           51         11.6%         11.4%         11.5%         11.5%         11.5%         11.5%           52         11.4%         11.4%         11.6%         11.5%							
49         11.6%         11.2%         11.6%         11.5%         11.6%         11.3%           50         11.4%         11.4%         11.4%         11.4%         11.7%           51         11.6%         11.5%         11.5%         11.5%         11.5%           52         11.4%         11.4%         11.5%         11.5%         11.5%           53         11.7%         11.6%         11.5%         11.5%         11.5%         11.5%           54         11.5%         11.6%         11.4%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%							
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54         11.5%         11.5%         11.5%         11.5%         11.5%           55         11.8%         11.6%         11.5%         11.1%         11.3%         11.4%           56         11.7%         11.5%         11.5%         11.4%         11.5%         11.4%         11.5%           57         11.4%         11.5%         11.6%         11.8%         11.6%         11.5%           58         11.4%         11.3%         11.4%         11.5%         11.6%         11.6%           59         11.4%         11.5%         11.5%         11.4%         11.5%         11.6%         11.5%           60         11.6%         11.5%         11.5%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5% <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
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58         11.4%         11.3%         11.4%         11.5%         11.6%         11.6%           59         11.4%         11.5%         11.5%         11.4%         11.5%         11.5%           60         11.6%         11.4%         11.5%         11.5%         11.6%         11.4%           61         11.3%         11.5%         11.5%         11.5%         11.4%         11.4%           62         11.5%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%           63         11.6%         11.4%         11.5%         11.4%         11.5%							
59         11.4%         11.5%         11.5%         11.4%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11							
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62         11.5%         11.5%         11.6%         11.4%         11.5%         11.4%           63         11.6%         11.4%         11.5%         11.4%         11.6%         11.5%           64         11.4%         11.5%         11.5%         11.5%         11.5%         11.5%           65         11.4%         11.5%         11.4%         11.6%         11.6%         11.5%           66         11.4%         11.5%         11.3%         11.5%         11.5%           67         10.7%         10.7%         10.6%         10.6%         10.6%         10.6%           68         9.1%         9.2%         9.1%							
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64         11.4%         11.5%         11.5%         11.5%         11.5%           65         11.4%         11.5%         11.4%         11.6%         11.6%         11.5%           66         11.4%         11.5%         11.5%         11.3%         11.5%         11.5%           67         10.7%         10.7%         10.6%         10.6%         10.6%         10.6%           68         9.1%         9.2%         9.1% <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
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67         10.7%         10.6%         10.6%         10.6%         10.6%           68         9.1%         9.2%         9.1%         9.1%         9.1%         9.1%           69         9.1%         9.0%         9.1%         9.0%         9.1%           70         5.1%         5.1%         5.1%         5.1%         5.1%           71         1.1%         1.1%         1.1%         1.1%         1.2%           72         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%							
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70         5.1%         5.1%         5.1%         5.1%         5.1%           71         1.1%         1.1%         1.1%         1.1%         1.2%           72         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%							
71         1.1%         1.1%         1.1%         1.1%         1.2%           72         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
72         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
80     0.0%     0.0%     0.0%     0.0%     0.0%       81     0.0%     0.0%     0.0%     0.0%     0.0%       82     0.0%     0.0%     0.0%     0.0%     0.0%       83     0.0%     0.0%     0.0%     0.0%     0.0%							
81       0.0%       0.0%       0.0%       0.0%       0.0%         82       0.0%       0.0%       0.0%       0.0%       0.0%         83       0.0%       0.0%       0.0%       0.0%       0.0%							
82       0.0%       0.0%       0.0%       0.0%       0.0%         83       0.0%       0.0%       0.0%       0.0%       0.0%							
83 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%							
84 0.0% 0.0% 0.0% 0.0% 0.0%							
	84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	10.3%	10.0%	11.4%	9.6%	11.0%	11.4%
30-34	12.0%	11.9%	11.7%	11.8%	12.3%	12.0%
35-39	12.4%	11.0%	11.4%	10.0%	11.6%	11.3%
40	10.8%	10.9%	11.3%	10.9%	11.5%	11.4%
41	12.2%	12.2%	11.3%	11.5%	11.0%	11.3%
42	10.7%	11.7%	11.2%	11.9%	11.8%	11.3%
43	11.7%	12.1%	11.7%	12.2%	12.2%	11.9%
44	11.9%	11.4%	11.4%	11.5%	11.5%	11.2%
45	11.3%	11.7%	11.5%	11.7%	11.4%	11.7%
46	12.1%	11.6%	11.6%	11.9%	11.4%	11.5%
47	11.4%	11.3%	11.2%	11.9%	11.7%	11.5%
48	11.4%	11.2%	11.1%	12.0%	11.3%	11.4%
49	11.4%	11.6%	11.3%	11.4%	11.3%	11.4%
50	10.9%	11.2%	11.8%	11.4%	11.7%	11.3%
51	11.5%	11.2%	11.4%	11.4%	11.4%	11.3%
52	11.4%	11.1%	11.5%	11.5%	11.8%	11.5%
53	11.8%	11.6%	11.6%	11.5%	11.6%	11.3%
54	11.7%	11.7%	11.6%	11.4%	11.4%	11.6%
55	11.5%	11.5%	11.4%	11.8%	11.6%	11.4%
56	11.3%	11.5%	11.3%	11.7%	11.1%	11.2%
57	11.2%	11.5%	11.5%	11.6%	11.7%	11.5%
58	11.2%	11.6%	11.5%	11.3%	11.7%	11.5%
59	11.6%	11.5%	11.7%	11.3%	11.3%	11.4%
60	11.3%	11.6%	11.5%	11.8%	11.5%	11.4%
61	11.5%	11.4%	11.4%	11.2%	11.5%	11.4%
62	11.2%	11.5%	11.5%	11.5%	11.6%	11.4%
63	11.4%	11.4%	11.4%	11.4%	11.5%	11.5%
64	11.8%	11.3%	11.4%	11.5%	11.5%	11.4%
65	11.4%	11.5%	11.5%	11.8%	11.3%	11.5%
66	11.5%	11.3%	11.5%	11.5%	11.7%	11.4%
67	11.6%	11.5%	11.5%	11.4%	11.6%	11.5%
68	11.5%	11.5%	11.5%	11.3%	11.5%	11.4%
69	11.5%	11.4%	11.5%	11.5%	11.4%	11.5%
70	11.3%	11.5%	11.5%	11.4%	11.6%	11.4%
71	11.5%	11.5%	11.5%	11.7%	11.5%	11.5%
72	11.5%	11.5%	11.5%	11.6%	11.4%	11.5%
73	11.4%	11.5%	11.4%	11.6%	11.6%	11.4%
74	11.4%	11.4%	11.5%	11.5%	11.4%	11.5%
75	11.3%	11.4%	11.4%	11.5%	11.4%	11.4%
76	11.5%	11.4%	11.5%	11.5%	11.4%	11.4%
77	11.5%	11.4%	11.5%	11.4%	11.5%	11.5%
78	11.5%	11.5%	11.5%	11.4%	11.4%	11.5%
79	11.4%	11.6%	11.5%	11.6%	11.5%	11.5%
80	11.5%	11.5%	11.5%	11.4%	11.5%	11.5%
81	11.5%	11.5%	11.5%	11.4%	11.5%	11.5%
82	11.4%	11.5%	11.5%	11.6%	11.6%	11.5%
83	11.6%	11.5%	11.5%	11.5%	11.4%	11.5%
84	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	11.1%	11.5%	11.2%	11.5%	11.0%	11.7%
30-34	10.9%	11.5%	11.6%	12.1%	11.5%	11.5%
35-39	11.2%	11.7%	11.5%	11.3%	11.6%	11.7%
40	11.6%	11.7%	11.4%	11.4%	11.4%	11.5%
41	11.5%	11.4%	11.6%	11.5%	11.6%	11.4%
42	11.8%	11.4%	11.6%	11.3%	11.6%	11.3%
43	11.5%	11.5%	11.5%	11.6%	11.5%	11.7%
44	11.6%	11.6%	11.5%	11.7%	11.4%	11.5%
45	11.6%	11.6%	11.5%	11.5%	11.5%	11.6%
46	11.7%	11.5%	11.4%	11.6%	11.4%	11.6%
47	11.6%	11.4%	11.5%	11.2%	11.4%	11.5%
48	11.3%	11.6%	11.5%	11.3%	11.4%	11.5%
49	11.4%	11.5%	11.5%	11.4%	11.4%	11.6%
50	11.7%	11.3%	11.6%	11.4%	11.7%	11.4%
51	11.5%	11.3%	11.4%	11.9%	11.5%	11.6%
52	11.5%	11.7%	11.5%	11.6%	11.5%	11.5%
53	11.5%	11.5%	11.4%	11.6%	11.5%	11.6%
54	11.3%	11.4%	11.4%	11.5%	11.3%	11.4%
55	11.5%	11.4%	11.5%	11.7%	11.3%	11.5%
56	11.6%	11.5%	11.4%	11.6%	11.5%	11.5%
57	11.3%	11.6%	11.4%	11.5%	11.4%	11.5%
58	11.4%	11.4%	11.5%	11.5%	11.4%	11.4%
59	11.4%	11.5%	11.5%	11.5%	11.4%	11.4%
60	11.4%	11.4%	11.5%	11.5%	11.5%	11.5%
61	11.4%	11.6%	11.4%	11.6%	11.4%	11.5%
62	11.4%	11.5%	11.5%	11.4%	11.5%	11.4%
63	11.7%	11.4%	11.4%	11.3%	11.3%	11.4%
64	11.4%	11.4%	11.5%	11.5%	11.5%	11.5%
65	11.3%	11.5%	11.5%	11.5%	11.5%	11.4%
66	11.5%	11.4%	11.4%	11.6%	11.4%	11.5%
67	11.5%	11.5%	11.4%	11.4%	11.5%	11.5%
68	11.5%	11.5%	11.5%	11.7%	11.5%	11.5%
69	11.4%	11.5%	11.5%	11.5%	11.5%	11.4%
70	11.3%	11.5%	11.4%	11.5%	11.6%	11.4%
71	11.5%	11.5%	11.5%	11.6%	11.4%	11.5%
72	11.4%	11.4%	11.5%	11.5%	11.6%	11.5%
73	11.5%	11.5%	11.5%	11.5%	11.4%	11.5%
74	11.6%	11.4%	11.5%	11.5%	11.5%	11.5%
75	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%
76	11.4%	11.5%	11.5%	11.6%	11.5%	11.5%
77	11.6%	11.5%	11.5%	11.4%	11.4%	11.5%
78	11.5%	11.5%	11.5%	11.5%	11.5%	11.4%
79	11.4%	11.4%	11.5%	11.6%	11.5%	11.5%
80	11.4%	11.5%	11.5%	11.4%	11.4%	11.5%
81	11.4%	11.5%	11.4%	11.4%	11.5%	11.5%
82	11.4%	11.5%	11.4%	11.5%	11.5%	11.5%
83	11.5%	11.5%	11.4%	11.5%	11.5%	11.4%
84	11.5%	11.4%	11.5%	11.4%	11.5%	11.5%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 1	Day Emilination Fe	riou	90 1	Jay Ellillillation Fe	1100
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	11.5%	10.9%	11.3%	10.8%	10.9%	11.3%
30-34	12.1%	11.6%	11.7%	11.9%	11.9%	11.9%
35-39	11.9%	11.5%	11.5%	10.9%	11.7%	11.6%
40	11.5%	11.6%	11.7%	11.2%	11.6%	11.4%
41	11.4%	11.6%	11.6%	11.2%	11.4%	11.6%
42	11.8%	11.7%	11.5%	11.7%	11.8%	11.6%
43	11.6%	11.5%	11.6%	11.5%	11.7%	11.6%
44	11.7%	11.6%	11.6%	11.3%	11.6%	11.5%
45	11.5%	11.5%	11.5%	11.6%	11.5%	11.5%
46	11.6%	11.6%	11.6%	11.8%	9.1%	11.5%
47	11.6%	11.7%	11.5%	11.4%	7.5%	11.4%
48	11.6%	11.5%	11.7%	11.9%	9.0%	11.5%
49	11.4%	11.6%	11.6%	11.3%	10.6%	11.6%
50	11.7%	11.6%	11.6%	11.5%	11.5%	11.6%
51	11.5%	11.4%	11.5%	11.9%	11.6%	11.6%
52	11.5%	11.7%	11.6%	11.4%	11.5%	11.4%
53	11.5%	11.6%	11.5%	11.7%	11.5%	11.5%
54	11.4%	11.5%	11.6%	11.5%	11.8%	11.5%
55	11.6%	11.6%	11.7%	11.4%	11.7%	11.5%
56	11.4%	11.5%	11.7%	11.4%	11.7%	11.7%
57	11.6%	11.6%	11.5%	11.6%	11.5%	11.7%
58	11.6%					11.6%
59	11.6%	11.6% 11.6%	11.6% 11.6%	11.7%	11.6%	
				11.5%	11.6%	11.7%
60	11.7%	11.5%	11.5%	11.7%	11.5%	11.6%
61	11.6%	11.5%	11.6%	11.7%	11.5%	11.6%
62	11.5%	11.7%	11.6%	11.5%	11.6%	11.6%
63	11.7%	11.6%	11.6%	11.5%	11.6%	11.6%
64	11.7%	11.6%	11.6%	11.6%	11.5%	11.6%
65	11.6%	11.6%	11.6%	11.6%	11.6%	11.5%
66	11.7%	11.6%	11.6%	11.7%	11.6%	11.5%
67	10.8%	10.8%	10.8%	10.8%	10.7%	10.7%
68	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
69	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
70	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
71	1.3%	1.2%	1.2%	1.3%	1.2%	1.2%
72	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
73	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	9.9%	11.9%	11.4%	11.1%	12.3%	11.8%
30-34	11.8%	11.5%	11.9%	10.8%	12.1%	11.4%
35-39	11.8%	11.4%	11.7%	12.3%	12.2%	11.5%
40	11.0%	11.5%	11.6%	11.5%	11.7%	11.5%
41	11.3%	11.8%	11.4%	11.0%	11.2%	11.7%
42	11.5%	11.2%	11.8%	11.4%	11.6%	11.5%
43	11.5%	11.8%	11.7%	12.1%	11.8%	11.1%
44	10.9%	11.2%	11.6%	11.5%	11.6%	11.8%
45	10.9%	11.7%	11.5%	11.5%	11.8%	11.7%
46	12.2%	11.5%	11.4%	11.0%	11.6%	11.6%
47	11.9%	11.7%	11.4%	10.9%	11.9%	11.7%
48	11.4%	11.4%	11.6%	12.2%	11.6%	11.6%
49	11.4%	11.7%	11.7%	11.7%	11.7%	11.6%
50	11.9%	11.6%	11.7%	11.7%	11.4%	11.6%
51	11.5%	11.3%	11.6%	11.2%	11.8%	11.6%
52	11.4%	11.6%	11.6%	11.8%	11.5%	11.5%
53	11.3%	11.8%	11.5%	11.7%	11.5%	11.5%
54	11.5%	11.6%	11.4%	12.0%	11.6%	11.5%
55	12.0%	11.6%	11.6%	11.4%	11.6%	11.6%
56	11.4%	11.5%	11.6%	11.2%	11.6%	11.6%
57	11.6%	11.4%	11.4%	11.4%	11.5%	11.6%
58	11.5%	11.8%	11.6%	11.7%	11.6%	11.7%
59	11.5%	11.5%	11.6%	11.4%	11.4%	11.6%
60	11.4%	11.6%	11.6%	11.8%	11.8%	11.6%
61	11.6%	11.7%	11.7%	11.3%	11.5%	11.6%
62	11.3%	11.6%	11.5%	11.7%	11.6%	11.6%
63	11.5%	11.7%	11.6%	11.6%	11.5%	11.5%
64	11.6%	11.6%	11.6%	11.6%	11.5%	11.5%
65	11.5%	11.7%	11.6%	11.5%	11.6%	11.5%
66	11.5%	11.5%	11.6%	11.7%	11.6%	11.5%
67	11.5%	11.6%	11.6%	11.5%	11.6%	11.5%
68	11.5%	11.6%	11.5%	11.4%	11.7%	11.6%
69	11.7%	11.6%	11.5%	11.7%	11.6%	11.6%
70	11.7%	11.7%	11.5%	11.5%	11.6%	11.6%
71	11.5%	11.6%	11.6%	11.4%	11.6%	11.6%
72	11.5%	11.7%	11.6%	11.5%	11.6%	11.6%
73	11.5%	11.6%	11.6%	11.4%	11.6%	11.6%
74	11.6%	11.7%	11.6%	11.5%	11.6%	11.6%
75	11.6%	11.6%	11.6%	11.5%	11.6%	11.5%
76	11.5%	11.6%	11.6%	11.5%	11.6%	11.5%
77	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%
78	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%
79	11.5%	11.6%	11.6%	11.7%	11.6%	11.6%
80	11.6%	11.6%	11.5%	11.6%	11.6%	11.6%
81	11.5%	11.5%	11.6%	11.7%	11.5%	11.6%
82	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%
83	11.7%	11.6%	11.6%	11.6%	11.6%	11.6%
84	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%
- *						

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	11.0%	11.6%	11.6%	12.3%	11.9%	11.6%
30-34	12.1%	11.6%	11.8%	11.8%	11.5%	11.5%
35-39	11.2%	11.3%	11.6%	11.7%	11.5%	11.4%
40	11.4%	11.5%	11.5%	11.6%	11.6%	11.5%
41	11.6%	11.7%	11.5%	11.8%	11.6%	11.7%
42	11.8%	11.5%	11.6%	12.0%	11.7%	11.8%
43	11.4%	11.5%	11.6%	11.4%	11.5%	11.6%
44	11.4%	11.6%	11.5%	11.8%	11.7%	11.7%
45	11.7%	11.7%	11.5%	11.5%	11.5%	11.5%
46	11.7%	11.6%	11.6%	11.9%	11.6%	11.7%
47	11.8%	11.6%	11.5%	11.7%	11.4%	11.5%
48	11.7%	11.6%	11.7%	11.7%	11.8%	11.6%
49	11.6%	11.6%	11.6%	11.7%	11.6%	11.6%
50	11.8%	11.6%	11.6%	11.6%	11.5%	11.6%
51	11.8%	11.6%	11.6%	11.3%	11.6%	11.6%
52	11.5%	11.5%	11.7%	11.5%	11.5%	11.5%
53	11.4%	11.6%	11.6%	11.7%	11.6%	11.6%
54	11.4%	11.6%	11.6%	11.8%	11.5%	11.5%
55	11.5%	11.6%	11.5%	11.4%	11.6%	11.5%
56	11.5%	11.6%	11.6%	11.7%	11.5%	11.6%
57	11.8%	11.5%	11.6%	11.6%	11.7%	11.6%
58	11.5%	11.7%	11.5%	11.6%	11.6%	11.5%
59	11.5%	11.7%	11.6%	11.7%	11.7%	11.5%
60	11.6%	11.6%	11.6%	11.7%	11.6%	11.5%
61	11.6%	11.5%	11.6%	11.4%	11.5%	11.6%
62	11.6%	11.7%	11.5%	11.8%	11.6%	11.6%
63	11.6%	11.5%	11.6%	11.4%	11.5%	11.6%
64	11.7%	11.5%	11.6%	11.6%	11.6%	11.6%
65	11.5%	11.7%	11.6%	11.7%	11.6%	11.5%
66	11.6%	11.6%	11.5%	11.5%	11.6%	11.7%
67	11.4%	11.5%	11.6%	11.7%	11.6%	11.6%
68	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%
69	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
70	11.5%	11.6%	11.5%	11.6%	11.5%	11.6%
71	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%
72	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
73	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
74	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
75	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
76	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%
77	11.5%	11.6%	11.6%	11.6%	11.5%	11.6%
78	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%
79	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
80	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
81	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%
82	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
83	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
84	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%

#### VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with	policy forn	ns submitted o	on or after Ju	aly 1, 1982
--------------	-------------	----------------	----------------	-------------

Name and Address of Insurer: <u>State Farm Mutual Automobile Insurance</u>

Title of Form: Policyholder Notification of Benefits Change

Policy Form Number: <u>A-LTCICHG</u>

I hereby certify that the Flesch reading ease score of the above policy form is <u>65.2</u>. It contains <u>16</u> sentences, <u>117</u> words and <u>----\*</u> syllables. The type size of the text of the policy forms is <u>12</u> point type, <u>1</u> point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section <u>38.2-3404</u> of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Chi A- missill	Signature of an Officer of the Insurer
Chris A McNeilly	Name
(Print) Assistant Secretary	Title
June 4, 2015	Date

\*Note: The system we use to calculate readability does not count syllables.

#### VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: <u>State Farm Mutual Automobile Insurance</u>

Title of Form: Policyholder Notification Letter for Rate Increase

Policy Form Number: <u>97045 VA Customer Letter</u>

I hereby certify that the Flesch reading ease score of the above policy form is  $\underline{42.4}$ . It contains  $\underline{2.1}$  sentences,  $\underline{1298}$  words and  $\underline{----*}$  syllables. The type size of the text of the policy forms is  $\underline{12}$  point type,  $\underline{1}$  point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section <u>38.2-3404</u> of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Chi A. M. D.O.	Signature of an Officer of the Insurer
Chris A McNeilly	Name
(Print) Assistant Secretary	Title
June 8, 2015	Date

<sup>\*</sup>Note: The system we use to calculate readability does not count syllables.



State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710-001

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its' knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant there to.

Chi A. M. DeOl

Chris A McNeilly Assistant Secretary June 8, 2015

#### STATEMENT OF VARIABILITY

#### Long-Term Care Coverage Change A-LTCICHG

#### The following bracketed items are considered variable.

[CURRENT DATE]: The current date.

[INSURED NAME AND ADDRESS]: The insured's name and address.

[H<POLICY NUMBER> <PST>]: The insured's policy number.

[INSURED LAST NAME]: The insured's last name.

[ELIMINATION PERIOD]: The number of the elimination days has changed.

[DAILY BENEFIT]: The amount the daily benefit has been changed to.

[AUTOMATIC INC REMOVED]: Removal of the Automatic Increase Rider and the new daily benefit amount.

[RIDER CHANGE]: When one rider changes to another.

[CONTINGENT BENEFIT UPON LAPSE OFFER]: When a Contingent Benefit Upon on Lapse Offer is accepted and the new daily benefit amount.

[CONTINGENT BENEFIT REMOVED]: The Contingent benefit Rider Upon Lapse has been removed.

[FUTURE PURCHASE]: The Future Purchase Option has been accepted and the new daily benefit amount.

[RATE CLASS CHANGE]: When the Rate Class changes.

[COMPANY NAME]: State Farm Mutual Automobile Insurance Company.

[COMPANY NAME] 1 State Farm Plaza

[COMPANy NAME] Bloomington, IL 61710-0001

[AGENT NAME/AGENT CODE]: The Agent's name and Agent's code.



State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710-001

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its' knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant there to.

Chi A- missell

Chris A McNeilly Assistant Secretary/ Treasurer May 5, 2015

#### VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with	policy forn	ns submitted o	n or after Ju	ıly 1, 1982
--------------	-------------	----------------	---------------	-------------

Name and Address of Insurer: <u>State Farm Mutual Automobile Insurance</u>

Title of Form: Policyholder Notification of Benefits Change

Policy Form Number: <u>A-LTCICHG</u>

I hereby certify that the Flesch reading ease score of the above policy form is <u>65.2</u>. It contains <u>16</u> sentences, <u>117</u> words and <u>----\*</u> syllables. The type size of the text of the policy forms is <u>12</u> point type, <u>1</u> point leaded.

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Chi A- missill	Signature of an Officer of the Insurer
Chris A McNeilly	Name
(Print) Assistant Secretary	Title
June 4, 2015	Date

\*Note: The system we use to calculate readability does not count syllables.



State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710-001

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its' knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant there to.

Chi A. M. DeOl

Chris A McNeilly Assistant Secretary June 8, 2015

#### VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: <u>State Farm Mutual Automobile Insurance</u>

Title of Form: Policyholder Notification Letter for Rate Increase

Policy Form Number: <u>97045 VA Customer Letter</u>

I hereby certify that the Flesch reading ease score of the above policy form is  $\underline{42.4}$ . It contains  $\underline{2.1}$  sentences,  $\underline{1298}$  words and  $\underline{----*}$  syllables. The type size of the text of the policy forms is  $\underline{12}$  point type,  $\underline{1}$  point leaded.

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Chi A. M. D.O.	Signature of an Officer of the Insurer
Chris A McNeilly	Name
(Print) Assistant Secretary	Title
June 8, 2015	Date

<sup>\*</sup>Note: The system we use to calculate readability does not count syllables.



State Farm®

State Farm Mutual Automobile Insurance Company

P.O. Box 339404 Greeley, CO. 80633-9404

AT1

1866-36



HEALTH INFORMATION

POLICY NUMBER
LONG TERM CARE
SEP 22 2014 TO MAR 22 2015

DATE DUE

PLEASE PAY THIS AMOUNT
See Note Below

NOTE: This is not a bill. This notice is provided for information only.

The Semiannual premium of \$1,240.00 will be billed through the State Farm Payment Plan in six equal amounts. Your State Farm Payment Plan Number is 0361520026.

#### LONG TERM CARE POLICY SUMMARY AS OF SEP 22 2013

BASIC POLICY - LONG TERM CARE INSURANCE

ELIMINATION PERIOD

90 DAYS

DAILY HOME AND ADULT DAY CARE BENEFIT

\$170.00

DAILY FACILITY BENEFIT MAXIMUM LIFETIME BENEFIT

\$170.00 \$310250.00

INSURED:

MILTON DEASON

PLEASE REFER TO YOUR POLICY FOR COMPLETE DETAILS. ALL COVERAGES ARE SUBJECT TO POLICY PROVISIONS AND APPLICABLE ENDORSEMENTS.

#### IMPORTANT INFORMATION

Below are changes to the Notice of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Practices, effective September 23, 2013. A copy of the revised notice is available from your agent or statefarm.com.

\*Your Authorization-Even though we do not use or disclose your personal health information for marketing or sell your personal health information to third parties, we must notify you that the following uses or disclosures specifically require your prior authorization: 1)uses and disclosures of personal health information for marketing purposes 2)disclosures that constitute a sale of personal health information and 3)most uses and disclosures of psychotherapy notes.

\*Underwriting-We are prohibited from using or disclosing personal health information that is genetic information for underwriting purposes.

\*Notification of Breaches-You have the right to receive notice following a breach of

Date

your personal health information.

\*Your State Privacy Rights-Your state law may provide greater or different privacy rights regarding the protection, use or disclosure of information related to victims of abuse or domestic violence.

Thanks for letting us serve you. We appreci	ite our long term customers.	CONTINUED ON BACK
Agent Telephone	866	Prepared JUL 17 2014
IF YOU HAVE MOVED PLEASE CONTACT YOUR	R AGENT	THIS IS NOT A BILL. THIS NOTICE IS PROVIDED FOR INFORMATION ONLY.  DATE DUE PLEASE PAY THIS AMOUNT
POLICY NUMBER	LONG TERM CARE	
REDUCE MY ADJUSTED DAILY BENEFIT TO CONVERT MY POLICY TO PAID UP STATU	0	Please contact your State Farm agent to make any policy changes.
SHORTENED BENEFIT PERIOD.	O MITTA	nsurance Support Center

127153.4 07-18-2014 (o1h1542k)

Signature

or office use only

00009

1201

Insurance Support Center P.O. Box 680001 Dallas, TX 75368-0001

<u> Կլիի իկիլ Ունսկնիգիին հիվակնիայինիկիլ իննաննինը</u>

HLTH INF

#### RATES FOR THIS POLICY

Premium for your Long Term Care policy has increased.

Marine Marine

If you do not wish to pay the higher premium amount, you have the option of keeping your premium from increasing by reducing your \$ Adjusted Daily Benefit from \$170.00 to \$149.00. The Maximum Lifetime Benefit available for all covered care or services will decrease to \$271,924.82. To exercise this option, check the appropriate line in the remittance notice and return that portion of the notice in the enclosed envelope. Your premium will be \$979.60.

You can convert your policy to a paid up status with a shortened benefit period. If you choose this option, no further premiums are due. The maximum benefit available for all covered care or services will be the greater of 100% of all premiums paid on your policy or thirty (30) times your policy's current daily benefit. To exercise this option, check the second line in the remittance notice and return in the enclosed envelope.

If you do not pay the higher premium or exercise the option to reduce your \$ Adjusted Daily Benefit within 120 days of your renewal date, the option of converting your policy to paid up status will automatically be exercised.

#### COVERAGE OPTION(S)

Your Long-Term Care policy currently includes an Automatic Increase Benefit Rider. This rider automatically increases the Daily Benefit each year on your policy's anniversary date. If you decide to remove this rider from your policy, the amount of Daily Benefit you have accrued will become the new Maximum Benefit amount. If removed, there will be no additional automatic increases for your Daily Benefit and the premium associated with the rider will no longer be charged to you. A signed request is required in order to remove the Automatic Increase Benefit Rider from a Long-Term Care Insurance policy.

#### JUST A REMINDER

You have the right to name another person, in addition to yourself, to receive notification if your policy will terminate because of nonpayment of premium.

If you previously named another person, please notify us of any change to the other person's address.

To add, remove, or change the person designated, please contact your State Farm agent.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.



THE REAL PROPERTY AND ADDRESS OF



#### 97045 Series In-Force Rate Increase Filing Status

	e Years Sold	First Rate Increase Filing							Second Rate Increase	Filing	
State		Filing Date	Approval Date	Implementation Date	Average % Requested	Average % Approved	Filing Date	Approval Date	Implementation Date	Average % Requested	Average % Approved
Alabama	1997 - 2001	Jan-12	May-12	Dec-12	37.0%	37.0%	Apr-13	Apr-13	Dec-13	29.0%	29%*
Alaska	1997 - 2001	Jan-12	Mar-12	Dec-12	37.0%	37.0%	Apr-13	May-13	Dec-13	23.0%	23.0%
Arizona	1997 - 2002	Mar-13	Mar-13	Aug-13	37.0%	37.0%	May-13	Disapproved	N/A	27.0%	
Arkansas	1997 - 2002	Feb-13	Apr-13	Sep-13	37.0%	5.0%	May-15	Jul-15	Dec-15	36.1%	18.5%
California	1999 - 2002	Jun-12	Mar-14	Nov-14	37.0%	18.6%					
Colorado	1997 - 2002	Feb-13	Apr-13	Sep-13	37.0%	37.0%	Jun-13	Disapproved	N/A	31.0%	
Connecticut	2000 - 2002	Apr-13	Disapproved		38.0%						
Delaware	1997 - 2001	Jul-12	Nov-12	Apr-13	25.0%	15.0%	Mar-13	Oct-13	Apr-14	24.0%	15.8%
District of Columbia	1997 - 2001	Aug-12	Dec-12	Jun-13	10.0%	10.0%	Feb-13	May-13	Jun-14	9.0%	9.0%
Florida	1997 - 2001	Feb-13	Mar-14	Aug-14	37.0%	16.3%	Apr-15	Jul-15	Mar-16	39.3%	15.0%
Georgia	1997 - 2001	Feb-12	May-12	Dec-12	37.0%	12.0%	Mar-13	May-13	Dec-13	38.0%	14.6%
Hawaii	1997 - 2001	Oct-12	Mar-13	Aug-13	37.0%	37%*	Apr-15	Pending		38.0%	
Idaho	1997 - 2002	Jul-12	Oct-12	Mar-13	37.0%	37.0%	May-13	Oct-13	Mar-14	28.0%	14.0%
Illinois	1997 - 2001	Jan-12	Apr-12	Dec-12	37.0%	37.0%	Apr-13	Nov-13	Mar-14	23.7%	23.7%
Indiana	1997 - 2002	Aug-12	Feb-13	Jul-13	37.0%	16.8%	Jun-13	Nov-13	Jul-14	34.0%	9.3%
Iowa	1997 - 2001	Jan-12	Aug-12	Jan-13	37.0%	18.0%	Feb-13	Jul-13	Jan-14	36.0%	36%*
Kansas	1997 - 2001	Mar-12	Jun-12	Dec-12	35.0%	10.0%	Feb-13	Disapproved	N/A	30.0%	
Kentucky	1997 - 2001	Mar-12	Jun-12	Dec-12	37.0%	37.0%	Apr-13	Jul-13	Dec-13	31.0%	9.5%
Louisiana	1997 - 2002	Feb-13	Aug-13	Jan-14	37.0%	24.0%	Nov-13	Dec-13	Jan-15	21.8%	21.8%
Maine	1997 - 2001	Mar-13	Jun-13	Jan-14	37.0%	31%*	Aug-15	Pending	3411 25	38.7%	22.070
Maryland	1998 - 2002	Apr-12	May-12	Dec-12	15.0%	15.0%	Mar-13	Apr-13	Dec-13	15.0%	15.0%
Michigan	1997 - 2001	Jan-12	May-12	Dec-12	37.0%	37.0%	Apr-13	Apr-13	Dec-13	22.9%	22.9%
Minnesota	1997 - 2001	Jul-12	Disapproved	500 12	37.0%	37.070	Dec-13	Disapproved	N/A	37.0%	22.570
Mississippi	1997 - 2001	Jun-12	Aug-12	Apr-13	23.0%	23.0%	Apr-13	May-13	May-14	23.0%	23.0%
Missouri	1997 - 2001	Feb-12	Sep-12	Feb-13	37.0%	37%*	Apr-15	Apr-15	Sep-15	38.2%	38.2%
Montana	1997 - 2002	Jul-12	Aug-12	Jan-13	37.0%	19.0%	Apr-13	May-13	Jan-14	35.0%	19.0%
Nebraska	1997 - 2002	Feb-12	Oct-12	Mar-13	37.0%	19.0%	Feb-13	Mar-13	Mar-14	35.0%	35.0%
Nevada	1997 - 2001	Jul-12	Sep-12	Feb-13	37.0%	10.0%	Mar-13	Sep-13	Feb-14	39.0%	39%*
New Hampshire	1997 - 2001	Feb-12	Apr-12	Dec-12	37.0%	37.0%	May-13	Disapproved	N/A	33.0%	3370
New Mexico	1997 - 2002	Mar-12	Disapproved	Dec-12	37.0%	37.070	Oct-13	Oct-13	Mar-14	14.8%	14.8%
New York	1998 - 2002	Apr-13	Oct-13	Jun-14	38.0%	10.0%	Oct-14	Jul-15	Dec-15	67.7%	15.0%
North Carolina	1998 - 2002	Aug-12	Jun-13	Nov-13	37.0%	37.0%	Jul-13	Disapproved	N/A	31.4%	25.070
North Dakota	1997 - 2002	Jul-12	Oct-12	Feb-13	37.0%	15.0%	Jul-13	Aug-13	Feb-14	37.0%	14.7%
Ohio	1997 - 2002	Jun-12	Jun-12	Dec-12	37.0%	20.7%	Apr-13	Jan-14	Jun-14	36.0%	9.9%
Oklahoma	1997 - 2002	Feb-12	May-12	Dec-12	37.0%	23.7%	Mar-13	Apr-13	Dec-13	33.0%	23.0%
Oregon	1997 - 2002	Jul-12	Oct-13	Apr-14	37.0%	37.0%	11101 13	7,01.15	500 15	33.070	25.070
Pennsylvania	1998 - 2001	Jun-12	Oct-12	Feb-13	37.0%	15.0%	Mar-13	Sep-13	Feb-14	37.0%	14.0%
South Carolina	1998 - 2001	Jan-12	Oct-12	Mar-13	37.0%	19.0%	Feb-13	May-13	Mar-14	35.0%	19.0%
South Dakota	1997 - 2002	Jul-12	Aug-12	Jan-13	37.0%	37.0%	May-13	Jul-13	Jan-14	22.3%	22.3%
Tennessee	1997 - 2001	Mar-12	Jun-12	Dec-12	37.0%	37.0%	May-13	Sep-13	Apr-14	21.0%	21.0%
Texas	1998 - 2002	Jun-12	Aug-12	Jan-13	37.0%	25.0%	May-15	Jul-15	Dec-15	38.2%	38.2%
Utah	1998 - 2002	May-12	Aug-12 Aug-12	Jan-13	37.0%	37.0%	May-13	Disapproved	N/A	29.0%	30.270
Vermont	1997 - 2002	Mar-12	Disapproved	Juir-13	37.0%	37.070	Mar-13	Disapproved	N/A	39.0%	
Virginia	2001 - 2002	Nov-13	Pending		36.4%		14101-13	ызарыочеа	11/1	33.070	
Washington	1998 - 2001	Jul-12	Jan-13	Jun-13	37.0%	37.0%	May-13	Oct-13	Jun-14	24.0%	24.0%
West Virginia	1997 - 2002	Jui-12 Jan-12	Apr-12	Dec-12	37.0%	37.0%	May-13	Aug-13	Feb-14	32.0%	32%*
Wisconsin	1997 - 2002	May-12	Jun-12	Dec-12 Dec-12	22.4%	22.4%	Aug-15	Nov-15	Jun-16	20.2%	20.2%
Wyoming	1997 - 2001	Jan-12	May-12	Dec-12 Dec-12	37.0%	37.0%	Aug-15 Apr-13	Jun-13	Dec-13	20.2%	20.2%

<sup>\*</sup>Implemented over 2 years



#### 97045 Series In-Force Rate Increase Filing Status

		Third Rate Increase Filling								
State	Years Sold	Policies in Force (as of year-end 2014)	Written Premium	Filing Date	Approval Date	Implementation Date	Average % Requested	Average % Approved	Cumulative Increase	
Alabama	1997 - 2001	657	972,314						77%	
Alaska	1997 - 2001	162	357,316						69%	
Arizona	1997 - 2002	705	949,278	Apr-15	Jun-15	Nov-15	36.9%	36.9%	88%	
Arkansas	1997 - 2002	338	279,536						24%	
California	1999 - 2002	6,503	8,954,498						19%	
Colorado	1997 - 2002	1,077	1,728,120	Apr-15	Jun-15	Mar-16	37.8%	37.8%*	89%	
Connecticut	2000 - 2002	47	57,242						0%	
Delaware	1997 - 2001	84	127,806	Apr-15	May-15	Oct-15	23.5%	23.5%	64%	
District of Columbia	1997 - 2001	13	26,167	Mar-15	Apr-15	Sep-15	9.9%	9.9%	32%	
Florida	1997 - 2001	2,536	3,402,887						34%	
Georgia	1997 - 2001	1,145	1,322,400	Apr-15	Jul-15	Dec-15	38.0%	12.6%	45%	
Hawaii	1997 - 2001	355	619,925						37%	
Idaho	1997 - 2002	181	319,887	Apr-15	Pending		33.6%		56%	
Illinois	1997 - 2001	2,089	3,676,340				00.07.		69%	
Indiana	1997 - 2002	598	913,815						28%	
lowa	1997 - 2001	1,352	1,860,870	Aug-15	Nov-15	Apr-16	36.1%	28%*	105%	
Kansas	1997 - 2001	951	1,074,989						10%	
Kentucky	1997 - 2001	344	523,633	May-15	Aug-15	Jan-16	37.6%	9.7%	65%	
Louisiana	1997 - 2002	746	814,249	ividy 15	Aug 15	Juli 10	37.070	3.770	51%	
Maine	1997 - 2001	86	103,637						31%	
Maryland	1998 - 2002	1,145	1,827,810	Apr-15	Aug-15	Jan-16	14.6%	14.6%	52%	
Michigan	1997 - 2001	803	1,257,100	7.pr 25	7 tog 15	3411 20	111070	111070	68%	
Minnesota	1997 - 2001	1,029	1,139,408						0%	
Mississippi	1997 - 2001	568	642,703	Apr-15	Jun-15	Nov-15	22.9%	10.0%	66%	
Missouri	1997 - 2001	1,525	2,049,694	7.07. 25	7dii 13	1101 25	22.370	10.070	89%	
Montana	1997 - 2002	119	188,946	May-15	Jul-15	Dec-15	35.8%	15.7%	64%	
Nebraska	1997 - 2002	1,182	1,830,714		30. 13	500 15	33.070	25.770	61%	
Nevada	1997 - 2001	256	322,262	Aug-15	Sep-15	Feb-16	37.5%	37.5%*	110%	
New Hampshire	1997 - 2001	57	101,726	Aug 13	3cp 13	100 10	37.370	37.370	37%	
New Mexico	1997 - 2002	311	400,768	Apr-15	Jun-15	Nov-15	39.4%	14.7%	32%	
New York	1998 - 2002	684	1,096,329	Apr-13	Juli-13	1404-13	33.470	14.770	27%	
North Carolina	1998 - 2002	797	1,231,018	May-15	Disapproved	N/A	38.2%		37%	
North Dakota	1997 - 2002	228	302,386	Apr-15	Apr-15	Sep-15	37.8%	14.8%	51%	
Ohio	1997 - 2002	1,404	1,970,662	May-15	Pending	3cp 13	37.7%	14.070	33%	
Oklahoma	1997 - 2002	644	858,194	Apr-15	Pending		23.5%		52%	
Oregon	1997 - 2002	680	928,730	Apr 15	rename		23.370		37%	
Pennsylvania	1998 - 2001	1,264	1,666,405	May-15	Aug-15	Jan-16	36.5%	14.5%	50%	
South Carolina	1998 - 2001	609	730,140	Apr-15	May-15	Mar-16	18.5%	18.5%	68%	
South Dakota	1997 - 2002	498	818,299	Apr-13	IVIdy-13	IVIdi-10	10.570	10.570	68%	
Tennessee	1997 - 2001	629	1,005,836						66%	
Texas	1998 - 2002	5,035	6,494,787						73%	
Utah	1998 - 2002	172	239,401						37%	
Vermont	1997 - 2002	59	79,820						0%	
Virginia	2001 - 2002	1,097	1,250,775						0%	
Washington	1998 - 2001	561	1,030,126						70%	
West Virginia	1997 - 2002	166	268,120						81%	
Wisconsin	1998 - 2001	679	914,555						47%	
				May 15	May 1E	Oct 15	25.0%	2E 0%		
Wyoming	1997 - 2001	137	257,162	May-15	May-15	Oct-15	35.0%	35.0%	128%	

\*Implemented over 2 years 12/22/2015

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

(LTR NAME: LONG-TERM CARE COVERAGE CHANGE)

(ADDED: 04-09-15) (CARBON COPIES: 2) (DISPLAY LETTER: Y) <CURRENT DATE>

- <INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Dear <INSURED LAST NAME>:

<BEGIN BODY>

The enclosed policy schedule reflects a recent change that has been made to your Long Term Care policy.

At your request the following change(s) has(ve) been made:

<@ELIMINATION PERIOD>

The elimination period has been changed to <ELIM PERIOD> days.

<@DAILY BENEFIT>

The daily benefit has been changed to \$<BEN AMT>.

A-LTCICHG

#### <@BENEFIT PERIOD>

The benefit period has been changed to <BEN PERIOD>.

#### <@AUTOMATIC INC REMOVED>

The Automatic Increase Rider has been removed. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

#### <@RIDER CHANGE>

The <ORIGINAL RIDER> rider has been changed to <NEW RIDER>. The daily benefit amount has been revised to \$<NEW BEN AMT>.

#### <@CONTINGENT BENEFIT OFFER>

The Contingent Benefit Offer has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

#### <@NONFORFEITURE REMOVED>

The Non-Forfeiture Rider has been removed.

#### <@FUTURE PURCHASE OPTION>

The Future Purchase Option has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

#### <@RATE CLASS CHANGE>

The Rate Class has been changed to Preferred.

Please place the new Policy Schedule and a copy of this letter with your policy.

If you have any questions, please contact your State Farm agent.

<END OF BODY>

Sincerely,

Policyholder Service Health Insurance Division <#CO NAME 1><#CO NAME 2><#CO NAME 3>

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>



<DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm® customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium will increase.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Depending on policy benefits, some policyholders will not receive all <TOTAL YEARS> years of increases. Based on your policy's current benefit selections, your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability. Available options may not be of equal value.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 6

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider < NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge. Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 3 of 6

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE> <AGENT PHONE NUMBER>

97045 VA Customer Letter

#### **Questions and Answers**

### 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

#### 2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

### 3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations.

### 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 5 of 6

### 5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

### 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

### 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

### 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval).

#### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

## 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 6 of 6

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.



November 11, 2015

Dear Ms. Houser,

This letter is in response to your objection dated June 18, 2015.

#### Objection 1

- 1) The following applies to both forms: A-LTCICHG and 97045 VA
- Pursuant to 14 VAC 5-100-50 1, the form number must appear on each form submitted, in the lower left-hand corner of the first page.

The policyholder letter was developed a long time ago using old software and was never intended to be filed as a form. Because it is variable and was created with old software, we are unable to put the form number at the lower left hand corner of the first page. We would have to put it after a certain paragraph, and depending on how the variables populate for each policyholder it may or may not end up on the first page. We would like to request an exemption from the rule and place the form number on the last page of the letter after the agent signature. Please let us know if this is possible, otherwise systems will need to design a new tool that will likely take several months to a year to develop.

- One of the options to change benefits is to change the benefit period. Please advise the minimum period available for selection.

The minimum period available for selection on the LTC 97045 series is 2 years.

- 2) The following concern applies to: A-LTCICHG
- Pursuant to 14 VAC 5-100-50 2, the full and proper corporate name of the insurer must prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications, and other forms required to be submitted.

The full and proper corporate name has been provided on the cover sheet of A-LTCICHG.

- The form states that removal of the nonforfeiture rider is one of the available options. What will appear when an insured exercises his/her nonforfeiture benefit option?

The offer to exercise the Non-Forfeiture benefit option is on the Renewal Billing Notice. A document titled "Sample Billing Notice" has been attached with this response.

- In regards to the statement of variability and the variability of the company name:
- 1) Please advise how the company name is subject to change

All of our Health business is issued under State Farm Mutual Automobile Company. Just a few years ago, we had plans to create a separate State Farm Health Company. Depending on when the policy was issued, it could have been in either the Automobile or Healthy Company. Forms were made variable to reflect this change, however the effort to create a separate Health company has been paused for the time being.

2) The form indicates that there are three variable fields in relation to the company name; however, the Statement of Variability only identifies the company name as appearing in those fields. Please identify how variable fields identified as "#CO NAME 1, #CO NAME 2, and #CO NAME 3 are subject to change.

The variable fields are identified as follows:

#CO NAME 1 State Farm

#CO NAME 2 Mutual Automobile #CO NAME 3 Insurance Company

- 3) The following applies to: 97045 VA
- Please provide us with a statement of variability for form 97045 VA.

A statement of variability for form 97045 VA Customer Letter has been attached with this response.

- For purposes of clarity and consistency with 14 VAC 5-200-185, please change the reference to "contingent nonforfeiture benefit" to "contingent benefit upon lapse."

For purposes of clarity and consistency with 14 VAC 5-200-185, 97045 VA Customer Letter has been revised to replace "a contingent nonforfeiture benefit" with "a contingent benefit upon lapse".

#### Objection 2

97045 VA Customer Letter, Other, Policyholder Notification Letter for Rate Increase (Form)

*In regards to the policyholder letter, please resolve the following concerns:* 

1) The letter indicates rates are being driven up as a result of the cost and frequency of long term care benefits. It is unclear, however, how this affects the rates. Please provide a more specific explanation that includes how the company's experience impacts the pricing trends which result in a rate increase. Keep in mind LTC is basically an indemnity benefit. For the average consumer who has never filed a claim and continues keep his policy in force by paying premiums, it is difficult to understand why his premium rate goes up when his benefit does not.

Lower than expected lapse rates and lower than expected mortality means that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium will increase.

2) The applicable rate increases are dependent upon age, benefit and elimination period and most individuals will receive a 40% rate increase. However, there are scenarios the company has provided that indicate different rate increases may apply for individuals between the ages of 67 - 76 and those between ages 46 - 49 who have policies issued after 6/1/2001 with a 5 year benefit period and 90 day elimination period. Please develop paragraphs that can be inserted to address the different rate scenarios.

State Farm has chosen to limit rate increases to no more than 40% annually. The proposed rate increase is 40% on most policyholders, with an average rate increase of 36.4%, except where limitations are necessary to keep the proposed premiums lower than premiums that are being

offered on currently marketed forms. It would be difficult to develop a generic paragraph to address different scenarios based on age, benefit and elimination period for each policyholder.

3) Regarding question #8 in the Q&A, is it the company's intent to seek additional increases only if the experience is worse than projected or regardless of how it emerges? What is the trigger. Please expand the answer accordingly.

Long-Term Care Insurance premium rates are not guaranteed. Even with this increase, rates are inadequate to support future expected claim experience. We plan on filing additional increases in the future (subject to regulatory approval).

4) Regarding question #10 in the Q&A, does the company have a concern that some policyholders may feel they are being unfairly discriminated against, especially those at older ages? Should this answer not be expanded to specify the range of increases?

We did not add this section because we believe that some policyholders may feel they are being unfairly discriminated against; we added it because a large portion of our policyholders are married couples. It was our intent to explain why a couple may have different rates. As stated in the Q&A, the amount of the premium increase is based on several factors, and it would be difficult to show all ranges for all policyholders since this letter is used in every state. We do not want the language in our customer letter to be imprecise.

5) For compliance with 14VAC5-200 75 A 4 (b), please include a statement that indicates the insured has a right to a revised premium rate or rate schedule.

The following statement has been added to a policyholder letter: "You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy."

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Elena Oliver

Actuarial Analyst I

State Farm Mutual Automobile Ins. Co.

(309) 763-0953

#### STATEMENT OF VARIABILITY

#### Hospital Indemnity Policy - Policy 97045 VA

#### **Policyholder Letter**

#### The following bracketed items are considered variable.

[DATE] The date will change with each letter.

[INSURED ADDRESS]: This will be the address of the person applying for insurance.

[POLICY NUMBER]: This is a unique number assigned to the policyholder.

[INSURED NAME]: This will be the name of the person who applied for and was issued a policy.

[FORM NUMBER]: This is a unique number assigned to a form.

[NUMBER OF INCREASE]: This will be either Quarterly, Semi-annual or Annual depending on mode selected.

[OVERALL RATE INCREASE] Combination of changes that result in a rate increase.

[ANNIVERSARY OR RENEWAL] Date when the policy will renew.

[PREMIUM MODE]: Amount of premium based on selections made for coverage.

[MODAL PREMIUM]: the total premium for all persons covered based on the mode chosen.

[DATE OF RATE INCREASE]: Date the rate increased.

[POLICYHOLDER NAME]: Name of Policyholder.

[DAILY BENEFIT AMOUNT]: The selected maximum daily benefit amount.

[BENEFIT FACTOR AMOUNT]: The amount benefits increase each year.

[ELIMINATION PERIOD AMOUNT]: The elimination period is the number of days for which the company will not pay benefits, that eligible, covered, qualified long-term care services are provided and charged for before benefits can be paid.

[INFLATION PROTECTION]: Annually increases the Maximum Daily Benefit (MDB) and Maximum Lifetime Benefit (MLB) on the policy anniversary date.

[CONTINGENT BENEFIT UPON LAPSE]:Provides for a continuation of coverage during the insured's lifetime if the insured stops paying premiums after the policy has been force for a specified time period.

[AGENT NAME]: The Agent's name.

[PROCESSING STATECODE]: Code of the state where the insured resides.

[AGENT CODE]: The Agent's Code.

[AGENT PHONE NUMBER]: The Agent's phone number.



February 22, 2016

Dear Ms. Houser,

This letter is in response to your objection dated January 12, 2016.

#### Objection 1

1) The company has requested an exemption to placing a form number on the first page of the policyholder letter due to system constraints and has indicated the form number could be added to the last page of the letter. The Virginia Bureau of Insurance understands that requiring policyholder notifications to be filed is a new requirement effective September 1, 2015. As a result, the company will need to make such a change either now or in the future for compliance with Chapter 100 of the Code of Virginia. What is the company's intent going forward?

We would like an exemption for the first year of the increase only. We will work with our systems department to figure out how to get the form number at the lower left hand corner of the front page for the second and third year of the increase and any future increases on other series.

2) Thank you for including the language that all options may not be of equal value. Because this is a "disclosure", such language should be emphasized to bring attention to it. For example, the language could be bolded, highlighted or appear in larger print. Please advise the insured that similar options would be available in the event of a future rate increase for compliance with 14VAC5-200-75 A 2 and that benefit changes may be made at any time and not just at the time of a rate increase.

The language that all options may not be of equal value has been bolded. The insured would be able to make benefit changes at any time and similar options would be available in the event of a future rate increase for compliance with 14VAC5-200-75 A 2. (Please see the paragraph #8)

3) The paragraph stating the premium increase may be financially difficult should clearly state that changes in the policy's current benefits maybe used to reduce the rate increase.

A change has been made to state that changes in the policy's current benefits may be used to reduce the rate increase. (Paragraph #8)

4) The Contingent Benefit Upon Lapse paragraph should be restated to say the paid up value is based on the premium paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; but in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

The contingent benefit upon lapse paragraph has been restated to include the requested information. (Paragraph #12)

5) Please add to the last sentence under item 3 of the Questions and Answers "subject to review and approval by the Virginia State Corporation Commission."

The above wording has been added to the last sentence under item 3 of the Q &A.

6) Although we appreciate the challenges noted in your response to objection two, item two, such information is required in the notification pursuant to subsection A 3 and A 4 of 14 VAC5-200-75. So that the applicable information is provided, the company should consider including sufficient variability in the letter to address the different scenarios.

In addition, the paragraph regarding the implementation should contain appropriate variability since the company has indicated in some cases the increase will be a single increase (for those receiving 10% or less) or will be implemented over a period of three years. According to the paragraph, the number of increases is based on the policy's current benefit selections. This statement should be revised or removed as the implementation is based on the overall rate increase. Please expand the paragraph include the amount of the each rate increase for each period in addition to the overall rate increase with the appropriate effective dates.

The paragraphs regarding the implementation has been revised to include appropriate variability. Paragraphs #3, #4, #5, and #6 would appear on the policyholder notice depending on the each rate increase for each period in addition to the overall rate increase with appropriate effective dates.

7) The letter must contain the full and proper name of the insuring company, State Farm Mutual Automobile Insurance Company, for compliance with 14VAC5-100-50 2. Please amend the letter accordingly.

The letter has been amended to include the full and proper name for compliance with 14VAC5-100-50 2.

8) Since the majority of policyholders are receiving the proposed rate increase over a three year period, please indicate in item 8 under the Questions and Answers that the company will not seek an additional increase during this period.

Item 8 under Q&A has been modified to include the above wording.

9) Thank you for revising the reason for the rate increase. As an observation, we suggest adding the wording "including State Farm" to the end of the sentence beginning with "These trends have led...". To clearly emphasize the reason for the rate increase, we suggest the wording of the last sentence be expanded as follows: "As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims."

A second paragraph of the policyholder notification letter has been revised to include the proposed wording.

10) Item 2 under the Questions and Answers suggests removing the non-forfeiture benefit rider. The insured would also have the option of exercising that option and should be advised of such.

Item 2 under the Q &A has been amended to include the option of exercising the non-forfeiture benefit rider that may have been purchased along with the policy.

In our previous objection letter we asked what will appear when the insured exercises his/her nonforfeiture benefit option. The company states the offer would be on the Billing Statement. We apologize our question was not clear. How is the policy amended if the insured exercises this option? Providing information on the Billing Statement does not satisfy the requirements as forth in 14VAC5-200-75 D for the policyholder communication. The billing statement is not subject to review and approval by the Bureau; the notice, however, is and that is why the policyholder communication must contain all the appropriate information.

11) Please attach the revised letter to the Form Schedule in SERFF rather than in Supporting Documentation.

The revised policyholder notification letter has been attached to the Form Schedule in SERFF.

#### Objection 2

Statement of Variability Form 97045 VA ((#8 Objection Response 06/18/2015) (Supporting Document) Comments:

The Contingent Benefit Upon Lapse paragraph is in brackets in the policyholder letter; however, the Statement of Variability does not indicate when this paragraph will or will not appear in the letter. Please clarify.

The contingent benefit upon lapse paragraph will display based on the recent NAIC model bulletin changes. The paragraph will display for those increases that exceed the triggers, with percentages above 100% reduced to 100%. Policies that have reached their 20th duration and are receiving an increase will be offered the contingent benefit upon lapse regardless of the rate increase percentage. Since this increase is being phased in over time, any policy that triggers the contingent benefit upon lapse at any time in the phase in will be offered the benefit at the first increase and each remaining increase.

The Statement of Variability has been revised to include this paragraph.

Item 6 under the Questions and Answers states a person may also be eligible for a contingent benefit upon lapse. If you qualify, you'll be notified on your billing statement. This does not satisfy the requirements as set forth in 14VAC5-200-150 D.

The policyholder will be notified in the policyholder letter and on their billing notice. Item 6 under Q &A has been amended.

Since we have requested changes in paragraphs 3 and 4 of the letter, please review the Statement of Variability to ensure the explanations correspond with any bracketed information in the letter.

An updated Statement of Variability Form 97045 VA has been attached with this response.

#### Objection 3

A-LTCICHG, Other, LONG-TERM CARE COVERAGE CHANGE (Form)

Comments:

Thank you for providing us with revised form; however, the forms must be attached to the Form Schedule in order for us to continue our review.

Based on previous correspondence, if the insured makes a benefit change, this letter would be sent with an updated Schedule of Benefits. Is form A-LTCICHG to be attached and become a part of the policy?

If the letter does not become a part of the contract, the letter does not need to be moved to the Form Schedule. If it does become a part of the contract, the letter should clearly state this such.

The company stated an updated Schedule of Benefits is sent with the letter. Does the schedule indicate a new effective date? If so, did the original schedule contain the appropriate variability to capture a change in the effective date due to a change in the benefits? If not, the original statement of variability for the Schedule of Benefits should be amended accordingly.

A-LTCICHG does not become a part of the contract.

In the event that a policyholder chooses to change their benefits, they work through their State Farm agent to make the desired changes. The agent then submits an internal form to make the coverage change. A sample of the Agent Request Letter-Routine Policy Changes letter has been

provided with a response dated November 19, 2014). A policyholder may contact their State Farm agent to obtain an updated policy schedule that states the following:

The original schedule was filed without any variability information. An updated schedule of benefits is attached to this filing with the correct variability, including variability for a change in effective date.

Objection 4

A-LTCICHG, Other, LONG-TERM CARE COVERAGE CHANGE (Form)

Comments:

Thank you for your response regarding the minimum benefit period available for selection; however, we have an additional concern. The Benefit Period is indicated as a variable selection. As such the benefit period should be identified in the Statement of Variability. The description of variability should include the minimum and maximum values.

The Statement of Variability has been amended to include the benefit period and the minimum and maximum values.

Objection 5

97045 VA Customer Letter, Other, Policyholder Notification Letter for Rate Increase (Form)

Thank you for providing us with the Statement of Variability (SOV) for form 97045 VA; however, the SOV identifies policy form number 97045 VA as a hospital indemnity policy. Please advise how this applies to this long-term care filing. If not, please revise the SOV.

A copy of revised SOV for form 97045 VA has been provided.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Elena Oliver

Actuarial Analyst I

State Farm Mutual Automobile Ins. Co.

(309) 763-0953

INSURE	O (SMITH, JOHN D)	(\$ 1.756.00)	INITIAL PREMIUM	
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POLICY NUMBER	The second section of the second section of the second section of the second section s			
POLICY DAT	E [JUNE 1, 1997]	ANNUAL	PREMIUM MODE	
	FIRST RENEWAL DATE	JUNE 1, 199	8 ]	
THE BENEFITS A	AND PREMIUMS SHOWN ON THIS	S SCHEDULE ARE	EFFECTIVE (JUNE 1	, 1997)
,	COVER	AGE SUMMARY		
FORM	COVERAGE INFORM	ATION ,		ANNUAL PREMIUM
(97045VA.1) BA	ASIC POLICY LONG-TERM	CARE		(\$ 986.00)
	MAXIMUM DAILY HOME AND DAY CARE BENEFIT	ADULT	[\$100]	
1	MAXIMUM DAILY FACILITY 1	BENEFIT	[\$100]	
ì	ELIMINATION PERIOD		[30 days]	
Ì	MAXIMUM LIFETIME BENEFI	r	[\$182,500]	
*		5	A <sup>A</sup>	ži.
99505 COM	POUND AUTOMATIC INCREAS	E BENEFIT RIL	DER	[\$ 770.00]
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ANNNUAL I	RENEWAL PREMIUMS SUBJECT	r TO RENEWABII	LITY PROVISION ON	PAGE 1
FORM (97045 VA.	1) SCHEDULE	PAGE 3	( AGENT R. I	H. BROWN 123)

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#### STATEMENT OF VARIABILITY

### Long-Term Care Coverage Change A-LTCICHG

### The following bracketed items are considered variable.

[CURRENT DATE]: The current date.

[INSURED NAME AND ADDRESS]: The insured's name and address.

[H<POLICY NUMBER> <PST>]: The insured's policy number.

[INSURED LAST NAME]: The insured's last name.

[ELIMINATION PERIOD]: The number of the elimination days has changed.

[DAILY BENEFIT]: The amount the daily benefit has been changed to.

[BENEFIT PERIOD]: The length of time during which a benefit is paid. This will be either 2 year, 5 year, or lifetime depending on period selected.

[AUTOMATIC INC REMOVED]: Removal of the Automatic Increase Rider and the new daily benefit amount.

[RIDER CHANGE]: When one rider changes to another.

[CONTINGENT BENEFIT UPON LAPSE OFFER]: When a Contingent Benefit Upon on Lapse Offer is accepted and the new daily benefit amount.

[NONFORFEITURE REMOVED]: The Nonforfeiture Benefit Rider has been removed.

[FUTURE PURCHASE]: The Future Purchase Option has been accepted and the new daily benefit amount.

[RATE CLASS CHANGE]: When the Rate Class changes.

[COMPANY NAME]: State Farm Mutual Automobile Insurance Company.

[COMPANY NAME] 1 State Farm Plaza

[COMPANY NAME] Bloomington, IL 61710

[AGT NAME]: The Agent's name.

[AGT CODE]: The Agent's code.

### STATEMENT OF VARIABILITY

### Long Term Care Insurance Policy Form 97045 VA Policyholder Notification Letter

### The following bracketed items are considered variable.

[DATE] The date will change with each letter.

[INSURED NAME & ADDRESS]: This will be the address of the person applying for insurance.

[POLICY NUMBER]: This is a unique number assigned to the policyholder.

[FORM NUMBER]: This is a unique number assigned to a form.

[INSURED NAME]: This will be the name of the person who applied for and was issued a policy.

[TOTAL YEARS]: This will be either one year, two years, or three years.

[YEAR]: This will be either first, second, or third year of the increase.

[NUMBER OF INCREASES]: This will be either one year, two years, or three years.

[OVERALL RATE INCREASE]: Combination of changes that result in a rate increase.

[ANNIVERSARY OR RENEWAL]: Date when the policy will renew.

[PREMIUM MODE]: Amount of premium based on selections made for coverage.

[MODAL PREMIUM]: The total premium for all persons covered based on the mode chosen.

[DATE OF RATE INCREASE]: Date the rate increased.

[for YEAR TWO]: Second year of increase.

[MODE]: This will be either Quarterly, Semi-Annual, or Annual depending on mode selected.

[CURRENT YEAR PLUS 12 MONTHS]: Current year of the increase plus 12 months.

[SECOND YEAR RENEWAL AMOUNT]: Amount of premium based on selections made for coverage.

[for YEAR THREE]: Third year of increase.

[CURRENT YEAR PLUS 24 MONTHS]: Current year of the increase plus 24 months.

[THIRD YEAR RENEWAL AMOUNT]: Amount of premium based on selections made for coverage.

[POLICYHOLDER NAME]: Name of Policyholder.

[DAILY BENEFIT AMOUNT]: The selected maximum daily benefit amount.

[BENEFIT FACTOR AMOUNT]: The amount benefits increase each year.

[ELIMINATION PERIOD AMOUNT]: The elimination period is the number of days for which the company will not pay benefits, that eligible, covered, qualified long-term care services are provided and charged for before benefits can be paid.

[INFLATION PROTECTION]: Annually increases the Maximum Daily Benefit (MDB) and Maximum Lifetime Benefit (MLB) on the policy anniversary date.

[NON-FORFEITURE RIDER]: Provides for a continuation of coverage during the insured's lifetime if the insured stops paying premiums after the policy has been force for a specified time period.

[CONTINGENT BENEFIT UPON LAPSE]: This paragraph will be included depending on the policyholders rate increase. The contingent benefit upon lapse paragraph will display based on the requirements laid out in 14 VAC 5-200-185 and 14 VAC 5-200-150 (D). If a policyholder's increase exceeds the trigger percentages (based on the 2013 NAIC model bulletin where any increase greater than 100% is reduced to 100%) at any point in a series of increases, this paragraph will display at the time of each scheduled increase. If the policy was issued at least 20 years prior to the effective date of the premium rate increase, this paragraph will display regardless of the amount of the increase.

[AGENT NAME]: The Agent's name.

[PROCESSING STATECODE]: Code of the state where the insured resides.

[AGENT CODE]: The Agent's Code.

[AGENT PHONE NUMBER]: The Agent's phone number.



February 22, 2016

Dear Ms. Houser,

This letter is in response to your objection dated February 22, 2016.

The proposed policyholder letter references Inflation Protection as an option to reduce the impact of the rate increase. Please explain. For example, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

We do not have the administrative capabilities at this point to offer policyholders a landing spot approach. Policyholder's with compound inflation have the option of dropping to simple inflation or dropping inflation protection all together. Policyholder's with simple inflation have the option of dropping inflation protection all together. Below are examples of how we handle these changes.

#### **Example 1** Policyholder Drops Compound Inflation

- Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.
- Policyholder purchases a \$100 daily benefit, 5% compound inflation policy.
- 10 years later their benefit has increased to \$162.89 /day and they decide to drop the inflation rider.
- They get to keep their \$162.89/day benefit, but the new premium is calculated as if they had purchased a \$100 daily benefit with no inflation.
- Under the proposed rate table A91 their new premium would be 100 \* 1.77 = \$177.

#### **Example 2** Policyholder Drops from Compound Inflation to Simple Inflation

- Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.
- Policyholder purchases a \$125 daily benefit, 5% compound inflation policy.
- 10 years later their benefit has increased to \$203.61 /day and they decide to drop from compound to simple inflation.
- They get to keep their \$203.61/day benefit, the daily benefit will increase \$6.25 annually (5% of \$125).
- Under the proposed rate table A91 their new premium would be 100 \* (1.77 + .99) = \$276

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Elena Oliver

Actuarial Analyst I

State Farm Mutual Automobile Ins. Co.

(309) 763-0953

### STATEMENT OF VARIABILITY

### Long Term Care Insurance Policy Form 97045 VA Policyholder Notification Letter

### The following bracketed items are considered variable.

[DATE] The date will change with each letter.

[INSURED NAME & ADDRESS]: This will be the address of the person applying for insurance.

[POLICY NUMBER]: This is a unique number assigned to the policyholder.

[FORM NUMBER]: This is a unique number assigned to a form.

[INSURED NAME]: This will be the name of the person who applied for and was issued a policy.

[TOTAL YEARS]: This will be either one year, two years, or three years.

[YEAR]: This will be either first, second, or third year of the increase.

[NUMBER OF INCREASES]: This will be either one year, two years, or three years.

[OVERALL RATE INCREASE]: Combination of changes that result in a rate increase.

[ANNIVERSARY OR RENEWAL]: Date when the policy will renew.

[PREMIUM MODE]: Amount of premium based on selections made for coverage.

[MODAL PREMIUM]: The total premium for all persons covered based on the mode chosen.

[DATE OF RATE INCREASE]: Date the rate increased.

[for YEAR TWO]: Second year of increase.

[MODE]: This will be either Quarterly, Semi-Annual, or Annual depending on mode selected.

[CURRENT YEAR PLUS 12 MONTHS]: Current year of the increase plus 12 months.

[SECOND YEAR RENEWAL AMOUNT]: Amount of premium based on selections made for coverage.

[for YEAR THREE]: Third year of increase.

[CURRENT YEAR PLUS 24 MONTHS]: Current year of the increase plus 24 months.

[THIRD YEAR RENEWAL AMOUNT]: Amount of premium based on selections made for coverage.

[POLICYHOLDER NAME]: Name of Policyholder.

[DAILY BENEFIT AMOUNT]: The selected maximum daily benefit amount, ranging from \$75 to a maximum of \$400.

[BENEFIT FACTOR AMOUNT]: Benefit period of policy. This will be either 2 years, 5 years or lifetime.

[ELIMINATION PERIOD AMOUNT]: The elimination period is the number of days for which the company will not pay benefits, that eligible, covered, qualified long-term care services are provided and charged for before benefits can be paid. This will be 30 days or 90 days.

[INFLATION PROTECTION]: Annually increases the Maximum Daily Benefit (MDB) and Maximum Lifetime Benefit (MLB) on the policy anniversary date. Inflation protection level is 5%. If no inflation on policy, this line will not display.

[NON-FORFEITURE RIDER]: Provides for a continuation of coverage during the insured's lifetime if the insured stops paying premiums after the policy has been force for a specified time period.

[CONTINGENT BENEFIT UPON LAPSE]: This paragraph will be included depending on the policyholders rate increase. The contingent benefit upon lapse paragraph will display based on the requirements laid out in 14 VAC 5-200-185 and 14 VAC 5-200-150 (D). If a policyholder's increase exceeds the trigger percentages at any point in a series of increases, this paragraph will display at the time of each scheduled increase. If the policy was issued at least 20 years prior to the effective date of the premium rate increase, this paragraph will display regardless of the amount of the increase.

[AGENT NAME]: The Agent's name.

[PROCESSING STATECODE]: Code of the state where the insured resides.

[AGENT CODE]: The Agent's Code.

[AGENT PHONE NUMBER]: The Agent's phone number.

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 1	Day Emilination Fe	riou	90 1	Jay Ellillilliation Fe	1100
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.2%	12.1%	12.3%	12.2%	11.8%	12.0%
30-34	12.0%	12.1%	11.9%	12.4%	12.2%	12.0%
35-39	12.1%	12.0%	11.9%	11.9%	11.8%	12.2%
40	12.0%	12.2%	12.1%	12.0%	12.2%	12.1%
41	12.1%	12.1%	12.2%	12.2%	12.1%	11.9%
42	12.1%	11.9%	11.9%	12.3%	12.0%	12.0%
43	12.0%	11.9%	12.1%	12.2%	12.1%	11.9%
44	11.9%	12.0%	12.2%	12.1%	12.2%	12.1%
45	11.8%	12.0%	12.1%	12.1%	11.9%	12.0%
46	12.2%	12.0%	12.2%	12.0%	12.0%	12.0%
47	11.9%	12.1%	12.1%	11.8%	11.9%	12.2%
48	12.2%	12.1%	12.1%	12.3%	12.0%	12.0%
49	12.1%	12.1%	12.0%	12.2%	12.0%	12.1%
50	12.0%	12.1%	12.0%	12.1%	12.1%	12.0%
51	11.9%	12.1%	12.1%	12.0%	12.2%	12.1%
52	12.2%	12.1%	12.1%	12.0%	12.0%	12.0%
53	12.0%	12.0%	12.1%	12.2%	12.1%	12.1%
54	12.1%	12.0%	12.1%	12.0%	12.0%	12.1%
55	11.9%	12.1%	12.1%	12.2%	12.1%	12.1%
56	11.9%	12.0%	12.1%	12.0%	12.1%	12.1%
57	12.1%	12.0%	12.0%	11.9%	12.0%	12.0%
58	12.2%	12.1%	12.1%	12.1%	12.0%	12.0%
59	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
60	12.0%	12.1%	12.1%	12.1%	12.0%	12.1%
61	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%
62	12.0%	12.0%	12.0%	12.1%	12.1%	12.1%
63	12.0%	12.0%	12.1%	12.1%	12.0%	12.1%
64	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
65	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
66	12.1%	12.1%	12.0%	12.1%	12.0%	12.0%
67	12.0%	12.0%	12.1%	12.1%	12.0%	12.1%
68	12.1%	12.0%	12.0%	12.0%	12.1%	12.1%
69	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
70	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
71	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%
72	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
73	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
74	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
76	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
77	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
78	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
79	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
81	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
82	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
83	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
84	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 1	Day Elimination Pe	riod	90 I	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	13.0%	12.7%	12.2%	12.2%	12.3%	12.1%
30-34	11.7%	11.7%	12.4%	13.0%	11.8%	11.7%
35-39	11.5%	12.3%	12.0%	12.7%	11.8%	12.3%
40	12.5%	12.3%	12.2%	12.5%	12.0%	12.0%
41	12.0%	11.8%	12.2%	12.0%	12.3%	12.0%
42	12.5%	12.0%	12.1%	11.5%	11.8%	12.0%
43	11.8%	11.9%	11.9%	12.0%	11.8%	11.9%
44	12.1%	11.9%	12.2%	12.4%	11.8%	12.2%
45	12.4%	11.9%	12.0%	11.8%	11.9%	12.1%
46	11.8%	11.9%	12.2%	12.1%	12.0%	11.9%
47	11.9%	12.2%	12.2%	12.3%	11.8%	12.0%
48	12.0%	12.3%	12.2%	11.7%	12.0%	12.1%
49	12.1%	11.9%	12.2%	11.9%	12.3%	12.1%
50	12.3%	12.0%	11.9%	12.0%	11.9%	12.2%
51	11.8%	12.1%	12.2%	12.2%	12.1%	12.2%
52	11.9%	12.2%	11.9%	11.7%	11.9%	12.0%
53	11.8%	12.1%	12.1%	11.8%	12.2%	12.2%
54	11.8%	11.9%	12.0%	11.8%	12.1%	12.1%
55	12.3%	12.1%	12.1%	11.8%	12.0%	12.0%
56	12.2%	11.9%	12.2%	11.9%	12.2%	12.2%
57	12.1%	12.0%	12.0%	11.9%	12.0%	12.1%
58	12.2%	12.0%	12.1%	12.0%	12.1%	12.0%
59	11.9%	12.0%	12.0%	12.2%	12.1%	12.1%
60	11.9%	12.0%	12.1%	11.8%	12.1%	12.1%
61	11.9%	12.1%	12.1%	12.3%	12.0%	12.1%
62	12.1%	12.1%	12.0%	12.2%	11.9%	12.1%
63	12.1%	12.1%	12.1%	12.2%	12.0%	12.0%
64	11.9%	12.1%	12.0%	12.1%	12.1%	12.1%
65	12.0%	12.1%	12.1%	11.9%	12.1%	12.1%
66	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
67	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
68	12.0%	12.0%	12.0%	12.2%	12.0%	12.1%
69	12.0%	12.0%	12.1%	12.0%	12.1%	12.1%
70	12.2%	12.0%	12.0%	12.0%	12.0%	12.1%
71	12.1%	12.0%	12.1%	12.0%	12.0%	12.1%
72	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%
73	12.1%	12.0%	12.1%	12.0%	12.0%	12.1%
74	12.1%	12.1%	12.0%	12.1%	12.1%	12.0%
75	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
76	12.0%	12.1%	12.0%	12.0%	12.1%	12.1%
77	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
78	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
79	12.1%	12.0%	12.1%	12.0%	12.0%	12.0%
80	12.0%	12.1%	12.0%	12.1%	12.1%	12.0%
81	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
82	12.1%	12.1%	12.0%	12.0%	12.0%	12.1%
83	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
84	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%
			/0			

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 1	Day Elimination Pe	riod	90 Г	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.0%	11.8%	12.1%	12.2%	12.4%	12.0%
30-34	12.2%	11.9%	11.9%	11.8%	12.2%	12.0%
35-39	12.3%	11.9%	12.1%	12.3%	12.0%	12.1%
40	11.9%	11.9%	12.0%	12.1%	12.1%	12.1%
41	11.9%	12.1%	12.0%	12.2%	12.0%	12.2%
42	11.9%	12.1%	12.0%	12.2%	12.1%	12.2%
43	12.2%	12.1%	12.0%	12.0%	12.1%	12.0%
44	12.0%	12.0%	12.0%	11.8%	12.1%	12.1%
45	12.1%	11.9%	12.0%	12.2%	12.1%	12.1%
46	12.0%	12.2%	12.0%	12.0%	12.1%	12.0%
47	12.0%	12.1%	12.1%	12.1%	12.2%	12.1%
48	12.1%	12.0%	12.1%	12.3%	12.0%	12.1%
49	12.2%	12.0%	12.1%	12.0%	12.1%	12.0%
50	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
51	12.1%	12.1%	12.0%	11.9%	12.1%	12.0%
52	12.2%	12.0%	12.0%	12.0%	12.0%	12.1%
53	12.1%	12.0%	12.1%	12.1%	12.0%	12.0%
54	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
55	12.0%	12.1%	12.0%	12.0%	12.2%	12.1%
56	12.0%	12.1%	12.1%	12.0%	12.0%	12.1%
57	12.2%	12.1%	12.0%	11.9%	12.0%	12.0%
58	12.2%	12.1%	12.0%	12.0%	12.1%	12.0%
59	12.2%	12.1%	12.0%	12.0%	12.1%	12.1%
60	12.2%	12.1%	12.0%	12.1%	12.0%	12.1%
61	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
62	12.1%	12.0%	12.1%	12.1%	12.0%	12.1%
63	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
64	12.1%	12.0%	12.0%	12.0%	12.0%	12.1%
65	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
66	12.0%	12.1%	12.1%	12.1%	12.0%	12.1%
67	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
68	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
69	12.1%	12.0%	12.1%	12.1%	12.0%	12.1%
70	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%
71	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%
72	12.1%	12.1%	12.0%	12.0%	12.1%	12.0%
73	12.0%	12.1%	12.0%	12.1%	12.1%	12.0%
74	12.0%	12.1%	12.1%	12.1%	12.1%	12.0%
75	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
76	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
77	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
78	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
79	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
80	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
81	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%
82	12.0%	12.0%	12.1%	12.0%	12.0%	12.1%
83	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
84	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
٠.	12.070	12.170	12.070	12.170	12.070	12.170

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 1	Day Elimination Pe	riod	90 1	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.0%	12.2%	12.0%	12.0%	12.0%	11.9%
30-34	12.4%	12.3%	12.3%	11.9%	12.0%	12.0%
35-39	12.1%	11.9%	12.2%	12.1%	11.9%	12.2%
40	11.9%	11.9%	12.2%	11.9%	12.1%	12.0%
41	11.9%	12.1%	12.1%	12.0%	11.9%	12.1%
42	11.9%	11.9%	12.2%	12.1%	12.1%	12.1%
43	12.2%	12.2%	12.2%	12.0%	12.2%	12.2%
44	12.0%	12.1%	12.0%	11.9%	12.1%	12.0%
45	11.9%	12.1%	12.0%	12.3%	12.2%	12.1%
46	12.1%	12.0%	12.0%	12.1%	12.2%	12.0%
47	12.3%	12.0%	12.1%	11.9%	12.0%	12.1%
48	12.0%	12.0%	12.1%	12.2%	12.0%	12.1%
49	11.9%	12.2%	12.1%	12.0%	12.0%	12.1%
50	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
51	12.0%	12.1%	12.1%	12.2%	12.0%	12.0%
52	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
53	11.9%	12.0%	12.1%	11.9%	12.1%	12.0%
54	12.0%	12.0%	12.0%	12.1%	12.1%	12.1%
55	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
56	12.0%	12.0%	12.1%	12.2%	12.1%	12.1%
57	12.1%	12.0%	12.0%	12.0%	12.1%	12.1%
58	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
59	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%
60 61	12.0% 12.1%	12.1% 12.0%	12.0% 12.1%	12.0% 12.0%	12.0% 12.0%	12.1% 12.1%
62	12.0%	12.1%	12.0%	12.2%	12.0%	12.1%
63	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
64	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%
65	12.1%	12.0%	12.1%	12.0%	12.0%	12.0%
66	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%
67	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
68	12.1%	12.1%	12.0%	12.1%	12.1%	12.1%
69 70	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%
70	12.0%	12.0%	12.1%	12.0%	12.0%	12.1%
71	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
72 72	8.0%	8.0%	8.0%	7.9%	8.0%	8.0%
73	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 1	Day Elimination Pe	riod	90 I	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	11.5%	12.5%	11.8%	13.0%	12.3%	11.8%
30-34	11.9%	12.4%	11.7%	11.5%	11.6%	11.9%
35-39	11.5%	12.4%	12.3%	12.5%	12.2%	12.1%
40	12.1%	12.3%	12.3%	12.2%	12.1%	12.2%
41	11.7%	11.8%	12.2%	11.8%	12.3%	12.2%
42	12.0%	11.9%	12.1%	12.4%	11.8%	12.1%
43	12.3%	11.8%	11.9%	11.7%	11.8%	11.9%
44	11.7%	12.2%	12.0%	11.9%	12.4%	12.1%
45	11.8%	12.1%	12.2%	12.3%	12.3%	12.0%
46	12.0%	12.1%	11.9%	11.7%	12.3%	12.2%
47	12.1%	12.2%	12.2%	11.7%	12.1%	12.1%
48	12.1%	12.2%	12.1%	11.9%	12.1%	12.1%
49	12.1%	12.2%	12.1%	12.1%	12.2%	12.1%
50	12.2%	12.2%	12.0%	12.1%	11.9%	12.0%
51	12.3%	12.2%	11.9%	12.2%	12.0%	12.0%
52	12.3%	12.2%	12.2%	12.3%	12.1%	12.1%
53	12.2%	12.0%	12.0%	12.3%	11.9%	12.1%
54	12.1%	12.2%	12.0%	12.2%	12.1%	12.0%
55	11.9%	12.0%	12.1%	12.2%	12.0%	12.1%
56	12.2%	12.1%	12.1%	12.1%	12.1%	12.2%
57	12.1%	12.1%	12.1%	12.1%	11.9%	12.0%
58	12.1%	12.0%	12.1%	12.1%	11.9%	12.1%
59	12.2%	12.0%	12.0%	12.2%	12.2%	12.0%
60	12.3%	12.1%	12.0%	11.9%	12.1%	12.1%
61	12.2%	12.1%	12.1%	12.2%	12.0%	12.1%
62	12.2%	12.1%	12.0%	12.0%	12.1%	12.1%
63	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
64	11.9%	12.1%	12.1%	12.2%	12.0%	12.0%
65	12.2%	12.0%	12.1%	11.9%	12.1%	12.1%
66	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
67	12.0%	12.1%	12.1%	11.9%	12.0%	12.0%
68	12.1%	12.0%	12.0%	12.2%	12.1%	12.1%
69	12.0%	12.1%	12.1%	12.2%	12.0%	12.1%
70	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%
71	12.1%	12.1%	12.1%	12.0%	12.1%	12.0%
72	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%
73	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
74	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%
75	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
76	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
77	12.0%	12.1%	12.1%	12.1%	12.0%	12.0%
78	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
79	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
80	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%
81	12.1%	12.0%	12.1%	12.1%	12.0%	12.0%
82	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
83	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%
84	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
	0/0		/0			

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 1	Day Elimination Pe	riod	90 I	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.5%	12.4%	12.2%	11.9%	12.3%	12.1%
30-34	12.2%	12.0%	12.0%	12.0%	11.8%	12.2%
35-39	12.0%	12.0%	12.1%	12.1%	12.2%	11.9%
40	12.0%	12.2%	12.1%	12.3%	12.1%	12.1%
41	12.0%	12.2%	12.1%	11.8%	12.0%	12.1%
42	11.9%	11.9%	12.0%	12.3%	12.0%	12.0%
43	12.0%	12.1%	12.1%	12.1%	12.0%	12.0%
44	12.2%	12.0%	12.1%	11.9%	12.2%	12.0%
45	11.9%	12.1%	12.0%	12.0%	12.1%	12.0%
46	12.1%	12.0%	12.1%	11.9%	12.0%	12.0%
47	12.0%	12.1%	12.1%	12.2%	12.0%	12.0%
48	12.1%	12.1%	12.1%	12.0%	12.1%	12.0%
49	12.1%	12.1%	12.0%	12.1%	12.1%	12.0%
50	11.9%	12.1%	12.0%	12.2%	12.0%	12.0%
51	12.0%	12.1%	12.1%	12.0%	12.0%	12.1%
52	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%
53	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%
54	12.2%	12.1%	12.1%	12.0%	12.1%	12.1%
55	12.1%	12.1%	12.1%	11.9%	12.1%	12.0%
56	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
57	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
58	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
59	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
60	12.0%	12.1%	12.1%	12.1%	12.1%	12.1%
61	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
62	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%
63	12.0%	12.1%	12.0%	12.2%	12.1%	12.1%
64	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%
65	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
66	12.0%	12.1%	12.1%	12.0%	12.1%	12.0%
67	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
68	12.1%	12.1%	12.1%	12.0%	12.1%	12.1%
69	12.0%	12.1%	12.1%	12.0%	12.1%	12.1%
70	12.1%	12.0%	12.1%	12.1%	12.0%	12.1%
71	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%
72	12.1%	12.1%	12.0%	12.0%	12.0%	12.1%
73	12.1%	12.1%	12.0%	12.0%	12.1%	12.1%
74	12.0%	12.1%	12.0%	12.1%	12.1%	12.1%
75	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
76	12.1%	12.0%	12.1%	12.0%	12.1%	12.1%
77	12.0%	12.0%	12.1%	12.0%	12.1%	12.1%
78	12.1%	12.1%	12.0%	12.1%	12.1%	12.1%
79	12.1%	12.1%	12.1%	12.0%	12.0%	12.1%
80	12.1%	12.1%	12.0%	12.1%	12.1%	12.0%
81	12.1%	12.1%	12.1%	12.1%	12.1%	12.0%
82	12.1%	12.0%	12.1%	12.1%	12.1%	12.1%
83	12.1%	12.1%	12.1%	12.1%	12.0%	12.1%
84	12.0%	12.1%	12.0%	12.0%	12.1%	12.1%
٠.	12.070	12.170	12.070	12.070	12.170	12.170

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

Issue         2 Year         5 Year         Lifetime         2 Year         5 Year         Lifetime Period           Age         Benefit Period         Benefit Period         Benefit Period         Benefit Period         Benefit Period           18-29         11.7%         11.4%         11.2%         11.8%         12.1%         11.6%           30-34         11.0%         11.4%         11.3%         11.2%         11.8%         11.2%           40         11.6%         11.6%         11.3%         11.8%         11.5%         11.5%           41         11.6%         11.4%         11.3%         11.3%         11.5%         11.5%           42         11.5%         11.8%         11.5%         11.5%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.5%         11.5%           44         11.6%         11.6%         11.5%         11.4%         11.5%         11.4%         11.5%           43         11.3%         11.4%         11.5%         11.4%         11.4%         11.5%           44         11.6%         11.5%         11.4%         11.4%         11.4%         11.4%           47 </th <th></th> <th>30 1</th> <th>Day Emilination Fe</th> <th>riou</th> <th>90 1</th> <th>Jay Ellillillation Fe</th> <th>1100</th>		30 1	Day Emilination Fe	riou	90 1	Jay Ellillillation Fe	1100
18-29         11.7%         11.4%         11.2%         11.8%         12.1%         11.6%           30-34         11.0%         11.4%         11.3%         11.5%         11.5%         11.5%           40         11.6%         11.6%         11.3%         11.8%         11.5%         11.5%           40         11.6%         11.4%         11.3%         11.8%         11.5%         11.5%           41         11.6%         11.4%         11.3%         11.5%         11.5%         11.5%           42         11.5%         11.4%         11.3%         11.5%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.6%         11.6%           45         11.8%         11.4%         11.5%         11.4%         11.4%         11.6%           46         11.2%         11.4%         11.5%         11.8%         11.7%         11.3%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.5%           48         11.4%         11.6%         11.5	Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
30-34	Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
35-39		11.7%	11.4%	11.2%	11.8%	12.1%	11.6%
35-39	30-34	11.0%	11.4%	11.3%	11.5%	11.2%	11.5%
40 11.6% 11.6% 11.3% 11.3% 11.5% 11.	35-39	11.4%			11.4%		11.2%
41         11.6%         11.4%         11.3%         11.3%         11.7%         11.5%           42         11.5%         11.3%         11.5%         11.5%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.5%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.7%         11.4%         11.7%         11.4%         11.7%         11.5%         11.8%         11.7%         11.5%         11.6%         11.7%         11.5%         11.6%         11.7%         11.5%		11.6%		11.3%		11.5%	11.5%
42         11.5%         11.8%         11.5%         11.3%         11.5%         11.5%           43         11.3%         11.4%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.4%         11.6%           45         11.8%         11.5%         11.5%         11.4%         11.4%         11.7%           46         11.2%         11.4%         11.5%         11.8%         11.7%         11.3%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.3%           48         11.4%         11.6%         11.2%         11.7%         11.3%           49         11.6%         11.2%         11.5%         11.5%         11.5%         11.5%         11.5%         11.7%         11.5%		11.6%	11.4%		11.3%	11.7%	11.5%
43         11.3%         11.4%         11.5%         11.5%         11.4%         11.5%           44         11.6%         11.5%         11.5%         11.4%         11.4%         11.6%           45         11.8%         11.5%         11.5%         11.4%         11.4%         11.4%           46         11.2%         11.4%         11.5%         11.3%         11.4%         11.7%         11.3%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.3%           48         11.4%         11.6%         11.5%         11.5%         11.7%         11.3%           49         11.6%         11.5%         11.5%         11.6%         11.5%         11.4%         11.7%         11.5%           50         11.4%         11.5%         11.5%         11.4%         11.5%							
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46         11.2%         11.4%         11.5%         11.3%         11.4%         11.7%           47         11.3%         11.4%         11.5%         11.8%         11.7%         11.3%           48         11.6%         11.6%         11.4%         11.2%         11.5%							
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56         11.7%         11.5%         11.5%         11.4%         11.5%         11.5%           57         11.4%         11.5%         11.6%         11.8%         11.6%         11.5%           58         11.4%         11.3%         11.4%         11.5%         11.6%         11.5%           59         11.4%         11.5%         11.5%         11.4%         11.4%         11.5%           60         11.6%         11.4%         11.5%         11.5%         11.6%         11.4%           61         11.3%         11.5%         11.5%         11.5%         11.5%         11.4%         11.5%           61         11.5%         11.5%         11.5%         11.5%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5% <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
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58         11.4%         11.3%         11.4%         11.5%         11.6%         11.6%           59         11.4%         11.5%         11.5%         11.4%         11.5%         11.5%           60         11.6%         11.4%         11.5%         11.5%         11.6%         11.4%           61         11.3%         11.5%         11.5%         11.5%         11.4%         11.4%           62         11.5%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%           63         11.6%         11.4%         11.5%         11.4%         11.5%							
59         11.4%         11.5%         11.5%         11.4%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11.4%         11.5%         11							
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62         11.5%         11.5%         11.6%         11.4%         11.5%         11.4%           63         11.6%         11.4%         11.5%         11.4%         11.6%         11.5%           64         11.4%         11.5%         11.5%         11.5%         11.5%         11.5%           65         11.4%         11.5%         11.4%         11.6%         11.6%         11.5%           66         11.4%         11.5%         11.3%         11.5%         11.5%           67         10.7%         10.7%         10.6%         10.6%         10.6%         10.6%           68         9.1%         9.2%         9.1%							
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69         9.1%         9.0%         9.1%         9.0%         9.1%           70         5.1%         5.1%         5.1%         5.1%         5.1%           71         1.1%         1.1%         1.1%         1.1%         1.2%           72         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%							
70         5.1%         5.1%         5.1%         5.1%         5.1%           71         1.1%         1.1%         1.1%         1.1%         1.2%           72         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%							
71         1.1%         1.1%         1.1%         1.1%         1.2%           72         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
72         0.0%         0.0%         0.0%         0.0%         0.0%           73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
73         0.0%         0.0%         0.0%         0.0%         0.0%           74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
74         0.0%         0.0%         0.0%         0.0%         0.0%           75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
75         0.0%         0.0%         0.0%         0.0%         0.0%           76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
76         0.0%         0.0%         0.0%         0.0%         0.0%           77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
77         0.0%         0.0%         0.0%         0.0%         0.0%           78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
78         0.0%         0.0%         0.0%         0.0%         0.0%           79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
79         0.0%         0.0%         0.0%         0.0%         0.0%           80         0.0%         0.0%         0.0%         0.0%         0.0%           81         0.0%         0.0%         0.0%         0.0%         0.0%           82         0.0%         0.0%         0.0%         0.0%         0.0%           83         0.0%         0.0%         0.0%         0.0%         0.0%							
80     0.0%     0.0%     0.0%     0.0%     0.0%       81     0.0%     0.0%     0.0%     0.0%     0.0%       82     0.0%     0.0%     0.0%     0.0%     0.0%       83     0.0%     0.0%     0.0%     0.0%     0.0%							
81       0.0%       0.0%       0.0%       0.0%       0.0%         82       0.0%       0.0%       0.0%       0.0%       0.0%         83       0.0%       0.0%       0.0%       0.0%       0.0%							
82       0.0%       0.0%       0.0%       0.0%       0.0%         83       0.0%       0.0%       0.0%       0.0%       0.0%							
83 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%							
84 0.0% 0.0% 0.0% 0.0% 0.0%							
	84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 1	Day Elimination Pe	riod	90 I	riod	
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	10.3%	10.0%	11.4%	9.6%	11.0%	11.4%
30-34	12.0%	11.9%	11.7%	11.8%	12.3%	12.0%
35-39	12.4%	11.0%	11.4%	10.0%	11.6%	11.3%
40	10.8%	10.9%	11.3%	10.9%	11.5%	11.4%
41	12.2%	12.2%	11.3%	11.5%	11.0%	11.3%
42	10.7%	11.7%	11.2%	11.9%	11.8%	11.3%
43	11.7%	12.1%	11.7%	12.2%	12.2%	11.9%
44	11.9%	11.4%	11.4%	11.5%	11.5%	11.2%
45	11.3%	11.7%	11.5%	11.7%	11.4%	11.7%
46	12.1%	11.6%	11.6%	11.9%	11.4%	11.5%
47	11.4%	11.3%	11.2%	11.9%	11.7%	11.5%
48	11.4%	11.2%	11.1%	12.0%	11.3%	11.4%
49	11.4%	11.6%	11.3%	11.4%	11.3%	11.4%
50	10.9%	11.2%	11.8%	11.4%	11.7%	11.3%
51	11.5%	11.2%	11.4%	11.4%	11.4%	11.3%
52	11.4%	11.1%	11.5%	11.5%	11.8%	11.5%
53	11.8%	11.6%	11.6%	11.5%	11.6%	11.3%
54	11.7%	11.7%	11.6%	11.4%	11.4%	11.6%
55	11.5%	11.5%	11.4%	11.8%	11.6%	11.4%
56	11.3%	11.5%	11.3%	11.7%	11.1%	11.2%
57	11.2%	11.5%	11.5%	11.6%	11.7%	11.5%
58	11.2%	11.6%	11.5%	11.3%	11.7%	11.5%
59	11.6%	11.5%	11.7%	11.3%	11.3%	11.4%
60	11.3%	11.6%	11.5%	11.8%	11.5%	11.4%
61	11.5%	11.4%	11.4%	11.2%	11.5%	11.4%
62	11.2%	11.5%	11.5%	11.5%	11.6%	11.4%
63	11.4%	11.4%	11.4%	11.4%	11.5%	11.5%
64	11.8%	11.3%	11.4%	11.5%	11.5%	11.4%
65	11.4%	11.5%	11.5%	11.8%	11.3%	11.5%
66	11.5%	11.3%	11.5%	11.5%	11.7%	11.4%
67	11.6%	11.5%	11.5%	11.4%	11.6%	11.5%
68	11.5%	11.5%	11.5%	11.3%	11.5%	11.4%
69	11.5%	11.4%	11.5%	11.5%	11.4%	11.5%
70	11.3%	11.5%	11.5%	11.4%	11.6%	11.4%
71	11.5%	11.5%	11.5%	11.7%	11.5%	11.5%
72	11.5%	11.5%	11.5%	11.6%	11.4%	11.5%
73	11.4%	11.5%	11.4%	11.6%	11.6%	11.4%
74	11.4%	11.4%	11.5%	11.5%	11.4%	11.5%
75	11.3%	11.4%	11.4%	11.5%	11.4%	11.4%
76	11.5%	11.4%	11.5%	11.5%	11.4%	11.4%
77	11.5%	11.4%	11.5%	11.4%	11.5%	11.5%
78	11.5%	11.5%	11.5%	11.4%	11.4%	11.5%
79	11.4%	11.6%	11.5%	11.6%	11.5%	11.5%
80	11.5%	11.5%	11.5%	11.4%	11.5%	11.5%
81	11.5%	11.5%	11.5%	11.4%	11.5%	11.5%
82	11.4%	11.5%	11.5%	11.6%	11.6%	11.5%
83	11.6%	11.5%	11.5%	11.5%	11.4%	11.5%
84	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 1	Day Elimination Pe	riod	90 I	Day Elimination Pe	riod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	11.1%	11.5%	11.2%	11.5%	11.0%	11.7%
30-34	10.9%	11.5%	11.6%	12.1%	11.5%	11.5%
35-39	11.2%	11.7%	11.5%	11.3%	11.6%	11.7%
40	11.6%	11.7%	11.4%	11.4%	11.4%	11.5%
41	11.5%	11.4%	11.6%	11.5%	11.6%	11.4%
42	11.8%	11.4%	11.6%	11.3%	11.6%	11.3%
43	11.5%	11.5%	11.5%	11.6%	11.5%	11.7%
44	11.6%	11.6%	11.5%	11.7%	11.4%	11.5%
45	11.6%	11.6%	11.5%	11.5%	11.5%	11.6%
46	11.7%	11.5%	11.4%	11.6%	11.4%	11.6%
47	11.6%	11.4%	11.5%	11.2%	11.4%	11.5%
48	11.3%	11.6%	11.5%	11.3%	11.4%	11.5%
49	11.4%	11.5%	11.5%	11.4%	11.4%	11.6%
50	11.7%	11.3%	11.6%	11.4%	11.7%	11.4%
51	11.5%	11.3%	11.4%	11.9%	11.5%	11.6%
52	11.5%	11.7%	11.5%	11.6%	11.5%	11.5%
53	11.5%	11.5%	11.4%	11.6%	11.5%	11.6%
54	11.3%	11.4%	11.4%	11.5%	11.3%	11.4%
55	11.5%	11.4%	11.5%	11.7%	11.3%	11.5%
56	11.6%	11.5%	11.4%	11.6%	11.5%	11.5%
57	11.3%	11.6%	11.4%	11.5%	11.4%	11.5%
58	11.4%	11.4%	11.5%	11.5%	11.4%	11.4%
59	11.4%	11.5%	11.5%	11.5%	11.4%	11.4%
60	11.4%	11.4%	11.5%	11.5%	11.5%	11.5%
61	11.4%	11.6%	11.4%	11.6%	11.4%	11.5%
62	11.4%	11.5%	11.5%	11.4%	11.5%	11.4%
63	11.7%	11.4%	11.4%	11.3%	11.3%	11.4%
64	11.4%	11.4%	11.5%	11.5%	11.5%	11.5%
65	11.3%	11.5%	11.5%	11.5%	11.5%	11.4%
66	11.5%	11.4%	11.4%	11.6%	11.4%	11.5%
67	11.5%	11.5%	11.4%	11.4%	11.5%	11.5%
68	11.5%	11.5%	11.5%	11.7%	11.5%	11.5%
69	11.4%	11.5%	11.5%	11.5%	11.5%	11.4%
70	11.3%	11.5%	11.4%	11.5%	11.6%	11.4%
71	11.5%	11.5%	11.5%	11.6%	11.4%	11.5%
72	11.4%	11.4%	11.5%	11.5%	11.6%	11.5%
73	11.5%	11.5%	11.5%	11.5%	11.4%	11.5%
74	11.6%	11.4%	11.5%	11.5%	11.5%	11.5%
75	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%
76	11.4%	11.5%	11.5%	11.6%	11.5%	11.5%
77	11.6%	11.5%	11.5%	11.4%	11.4%	11.5%
78	11.5%	11.5%	11.5%	11.5%	11.5%	11.4%
79	11.4%	11.4%	11.5%	11.6%	11.5%	11.5%
80	11.4%	11.5%	11.5%	11.4%	11.4%	11.5%
81	11.4%	11.5%	11.4%	11.4%	11.5%	11.5%
82	11.4%	11.5%	11.4%	11.5%	11.5%	11.5%
83	11.5%	11.5%	11.4%	11.5%	11.5%	11.4%
84	11.5%	11.4%	11.5%	11.4%	11.5%	11.5%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 1	Day Ellillillation Fe	1100	90 1	Jay Ellillilliation Fe	1100
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.2%	12.3%	12.0%	12.3%	12.2%	11.9%
30-34	11.8%	11.9%	11.9%	12.1%	12.1%	12.0%
35-39	11.7%	12.0%	12.0%	12.3%	12.0%	11.9%
40	12.1%	12.1%	12.0%	12.2%	12.2%	12.0%
41	12.1%	11.9%	11.9%	12.3%	12.0%	12.0%
42	12.2%	12.1%	12.0%	11.8%	11.9%	12.1%
43	12.0%	12.0%	12.0%	12.2%	11.9%	12.0%
44	11.8%	12.0%	12.1%	12.1%	12.0%	12.0%
45	12.2%	11.9%	12.1%	12.0%	12.0%	11.9%
46	12.0%	12.1%	11.9%	11.9%	12.0%	12.0%
47	12.1%	11.9%	12.0%	12.1%	12.1%	12.1%
48	11.9%	12.1%	12.0%	12.0%	12.1%	11.9%
49	12.1%	12.0%	11.9%	12.2%	12.1%	12.0%
50	11.9%	11.9%	11.9%	12.1%	12.0%	12.0%
51	12.1%	12.1%	12.1%	11.9%	12.0%	12.0%
52	11.9%	12.0%	12.1%	12.1%	12.0%	12.0%
53	12.0%	12.0%	12.0%	11.9%	12.1%	12.1%
54	12.0%	12.0%	12.0%	12.1%	11.9%	12.0%
55	12.0%	12.0%	12.0%	12.1%	11.9%	12.0%
56	12.0%	12.0%	12.0%	12.1%	12.1%	12.0%
57	12.0%	11.9%	12.0%	12.0%	12.0%	12.0%
58	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
59	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
60	11.9%	12.0%	12.0%	11.9%	12.1%	12.0%
61	12.1%	12.1%	12.0%	11.9%	12.1%	12.0%
62	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
63	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
64	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
66	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
67	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
71	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
74	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
76	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
77	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
78	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
79	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
81	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
82	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
83	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
84	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 1	Day Elimination Pe	riod	90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.5%	11.7%	12.1%	12.0%	11.8%	12.3%
30-34	12.2%	12.1%	12.1%	12.1%	11.6%	11.9%
35-39	11.6%	11.9%	12.0%	11.8%	11.7%	12.0%
40	12.0%	12.2%	12.2%	12.4%	12.2%	11.9%
41	12.4%	12.2%	12.1%	11.9%	12.3%	11.8%
42	11.9%	12.1%	11.9%	12.4%	12.3%	12.1%
43	12.1%	12.0%	11.9%	11.6%	12.2%	12.2%
44	12.2%	12.2%	12.0%	11.9%	12.1%	11.9%
45	12.3%	12.1%	12.0%	12.1%	11.9%	12.0%
46	11.7%	11.9%	12.0%	12.3%	11.8%	12.1%
47	11.7%	12.0%	12.1%	12.3%	12.0%	11.9%
48	11.8%	12.1%	12.1%	11.8%	12.1%	12.0%
49	11.9%	11.8%	11.9%	12.0%	12.0%	12.1%
50	12.1%	11.9%	12.0%	12.1%	12.1%	11.9%
51	12.2%	12.0%	12.0%	12.3%	12.0%	12.0%
52	12.2%	12.1%	12.0%	11.8%	12.1%	12.0%
53	12.2%	11.9%	12.1%	11.9%	11.9%	11.9%
54	12.1%	12.0%	12.1%	11.8%	12.1%	12.0%
55	11.9%	12.1%	12.0%	12.2%	11.9%	12.0%
56	12.2%	12.1%	12.0%	12.1%	12.0%	12.0%
57	12.1%	12.1%	12.1%	12.0%	12.0%	11.9%
58	12.0%	11.9%	12.0%	12.1%	11.9%	11.9%
59	12.1%	12.0%	12.0%	12.2%	12.1%	11.9%
60	12.1%	12.0%	11.9%	11.8%	11.9%	11.9%
61	12.0%	12.0%	12.0%	12.2%	12.0%	12.0%
62	12.2%	11.9%	12.1%	12.0%	12.0%	12.0%
63	12.1%	12.0%	12.0%	12.0%	12.1%	12.0%
64	12.2%	12.0%	12.0%	11.9%	12.0%	12.0%
65	12.1%	11.9%	12.0%	11.9%	12.0%	12.1%
66	12.1%	12.0%	12.0%	12.0%	12.0%	12.1%
67	12.0%	12.0%	12.0%	12.0%	12.0%	12.1%
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
70	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
71	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
72	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
74	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
76	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
77	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
78	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
79	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
81	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
84	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
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## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.1%	11.9%	11.9%	11.5%	12.1%	12.0%
30-34	11.8%	12.2%	11.9%	11.8%	12.2%	11.9%
35-39	12.1%	12.1%	12.1%	11.9%	12.1%	12.1%
40	12.1%	12.1%	12.1%	12.0%	11.9%	12.0%
41	12.0%	12.1%	12.0%	12.0%	12.0%	11.9%
42	11.9%	12.0%	12.0%	11.9%	12.0%	12.0%
43	12.0%	12.1%	12.0%	12.1%	12.1%	12.1%
44	12.1%	12.1%	12.1%	11.9%	12.0%	12.0%
45	11.9%	11.9%	12.1%	12.1%	12.1%	12.1%
46	12.0%	11.9%	12.1%	11.9%	11.9%	12.0%
47	11.9%	12.0%	12.1%	11.9%	12.1%	12.0%
48	11.9%	12.0%	12.0%	11.9%	11.9%	12.1%
49	11.9%	12.1%	12.0%	12.0%	12.0%	12.0%
50	11.9%	11.9%	12.0%	12.0%	12.1%	12.1%
51	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%
52	11.9%	12.0%	12.0%	12.0%	12.0%	12.1%
53	12.1%	12.0%	12.0%	12.0%	12.1%	12.0%
54	12.0%	11.9%	12.0%	11.9%	12.0%	12.0%
55	12.1%	12.0%	12.0%	12.1%	12.0%	12.1%
56	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
57	11.9%	12.1%	12.0%	11.9%	12.0%	12.0%
58	12.1%	12.0%	12.0%	11.9%	11.9%	12.0%
59	12.1%	12.0%	12.0%	11.9%	11.9%	12.0%
60	12.1%	12.0%	12.0%	11.9%	12.0%	12.0%
61	12.0%	12.1%	12.0%	12.1%	12.0%	12.1%
62	12.0%	12.0%	12.1%	11.9%	12.1%	12.0%
63	11.9%	12.0%	12.0%	12.1%	12.1%	12.1%
64	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%
65	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
66	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
67	12.0%	12.1%	12.0%	11.9%	12.0%	12.0%
68	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.1%	12.0%	12.0%	11.9%	12.0%	12.0%
70	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
71	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
74	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
76	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
77	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
78	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
79	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
81	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
84	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 Day Ellilliadoli Fellod			90 Day Emiliation Feriod			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	11.9%	12.2%	12.1%	12.1%	12.2%	12.2%	
30-34	12.0%	12.0%	12.1%	11.7%	11.8%	11.8%	
35-39	12.2%	12.1%	12.1%	12.3%	11.9%	12.1%	
40	11.9%	12.0%	11.9%	12.0%	11.9%	12.0%	
41	12.3%	12.1%	12.1%	12.0%	12.1%	12.0%	
42	11.8%	11.9%	12.0%	12.1%	11.9%	12.0%	
43	12.1%	12.1%	12.0%	11.9%	11.9%	12.0%	
44	11.9%	12.0%	12.0%	12.2%	12.1%	12.0%	
45	12.0%	12.1%	11.9%	12.1%	12.1%	12.1%	
46	11.9%	12.0%	12.1%	11.9%	12.0%	12.1%	
47	11.9%	12.0%	12.1%	12.0%	12.0%	12.1%	
48	12.0%	12.1%	12.0%	11.8%	12.0%	12.1%	
49	12.1%	11.9%	12.1%	12.0%	12.1%	12.0%	
50	11.9%	12.0%	12.0%	12.2%	12.0%	12.0%	
51	12.0%	12.1%	12.1%	12.0%	12.0%	12.0%	
52	12.1%	12.0%	12.0%	12.1%	12.1%	12.1%	
53	12.1%	11.9%	12.0%	11.9%	11.9%	12.0%	
54	12.0%	12.1%	12.0%	12.0%	11.9%	12.1%	
55	12.0%	11.9%	12.0%	11.9%	12.0%	12.1%	
56	12.1%	12.0%	12.1%	12.1%	12.1%	12.0%	
57	12.1%	12.0%	12.0%	12.0%	12.0%	12.1%	
58	12.0%	12.0%	12.1%	11.9%	12.0%	12.0%	
59	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%	
60	11.9%	12.0%	12.0%	12.1%	12.0%	12.0%	
61	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%	
62	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%	
63	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
64	12.0%	12.0%	12.0%	12.1%	12.1%	12.0%	
65	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%	
66	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
67	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
69	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
70	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
71	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
72	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	
73	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.7%	12.4%	12.2%	12.5%	11.6%	11.7%
30-34	12.0%	12.2%	11.8%	12.2%	12.0%	12.3%
35-39	12.3%	12.3%	11.9%	11.6%	11.7%	12.0%
40	12.4%	11.8%	11.9%	11.9%	12.0%	12.2%
41	11.8%	11.8%	12.1%	12.4%	12.0%	12.0%
42	12.1%	12.2%	11.9%	11.9%	11.9%	11.8%
43	12.2%	12.0%	11.9%	12.0%	11.8%	12.2%
44	12.2%	12.1%	12.1%	12.1%	12.1%	11.9%
45	12.3%	11.9%	12.1%	12.2%	11.9%	11.9%
46	11.7%	12.1%	12.0%	12.3%	12.2%	11.9%
47	12.2%	12.1%	12.0%	12.3%	11.8%	12.0%
48	12.2%	12.1%	12.0%	11.8%	11.9%	12.0%
49	12.2%	12.1%	12.0%	11.9%	12.1%	12.0%
50	11.8%	12.1%	12.0%	11.9%	12.1%	12.1%
51	11.8%	12.1%	12.0%	12.0%	11.9%	12.0%
52	11.8%	11.9%	11.9%	12.2%	12.0%	12.1%
53	12.2%	11.9%	11.9%	12.1%	12.1%	12.1%
54	12.1%	12.0%	12.1%	12.0%	11.9%	12.1%
55	11.8%	12.0%	12.0%	11.8%	12.0%	12.0%
56	12.0%	12.0%	12.0%	12.1%	12.0%	12.1%
57	11.9%	12.1%	12.0%	12.0%	12.0%	12.0%
58	12.2%	11.9%	11.9%	12.0%	12.1%	12.0%
59	11.8%	12.1%	12.0%	12.0%	12.1%	12.1%
60	12.2%	12.1%	12.0%	12.1%	11.9%	12.0%
61	12.1%	12.0%	12.0%	12.0%	12.1%	12.0%
62	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
63	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
64	11.9%	12.1%	12.0%	12.1%	12.1%	12.1%
65	12.1%	11.9%	12.1%	12.1%	12.0%	12.0%
66	11.9%	12.1%	12.0%	12.0%	12.1%	12.0%
67	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%
68	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
69	11.9%	12.0%	12.0%	12.0%	12.0%	12.0%
70	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
71	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.1%	12.1%	12.0%
74	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
76	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
77	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
78	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
79	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
81	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
84	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
0-7	12.0/0	12.070	12.0/0	12.0/0	12.070	12.0/0

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

	30 Day Elimination Period			90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	12.3%	12.0%	12.0%	12.1%	11.8%	11.9%
30-34	11.8%	11.9%	11.9%	11.8%	12.1%	12.1%
35-39	12.2%	12.1%	12.0%	12.1%	12.0%	12.1%
40	12.0%	12.0%	12.0%	12.1%	12.0%	12.1%
41	11.9%	11.9%	12.1%	12.0%	12.0%	11.9%
42	12.1%	12.0%	12.0%	11.8%	11.9%	11.9%
43	12.1%	12.0%	12.0%	12.0%	12.0%	11.9%
44	12.1%	12.0%	12.1%	12.1%	12.0%	11.9%
45	11.9%	12.0%	12.0%	11.8%	12.0%	12.0%
46	11.9%	12.1%	12.0%	12.0%	12.0%	12.0%
47	12.0%	12.0%	12.0%	11.9%	12.1%	12.1%
48	12.0%	12.0%	12.0%	12.2%	11.9%	11.9%
49	12.0%	12.0%	12.0%	11.9%	12.0%	12.0%
50	11.9%	12.1%	12.0%	12.1%	12.0%	12.0%
51	11.9%	12.0%	12.0%	12.1%	12.0%	12.0%
52	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
53	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
54	12.1%	12.0%	12.0%	11.9%	12.0%	12.1%
55	11.9%	12.0%	12.0%	12.0%	11.9%	12.0%
56	12.0%	12.0%	12.0%	11.9%	12.0%	12.0%
57	11.9%	12.0%	12.0%	12.1%	12.0%	12.0%
58	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
59	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
60	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
61	12.1%	12.0%	12.0%	12.1%	12.1%	12.0%
62	12.0%	12.0%	12.0%	11.9%	12.0%	12.0%
63	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
64	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
66	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
67	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
68	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
69	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70	12.0%	12.0%	12.0%	12.0%	12.1%	12.0%
71	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
72	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
73	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
74	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
76	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
70 77	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
78	12.1%	12.0%	12.0%	12.1%	12.0%	12.0%
78 79	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
80	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
81	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
82	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
83	12.0%	12.0%	12.0%	12.1%	12.0%	12.0%
84	12.0%	12.0%		12.0%		12.0%
04	12.070	12.070	12.0%	12.070	12.0%	12.070

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES FORM 97045 SERIES

30 Day Elimination Period

90 Day Elimination Period

	30 Day Ellilliadoli Fellod			90 Day Ellilliation Feriod			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	11.5%	10.9%	11.3%	10.8%	10.9%	11.3%	
30-34	12.1%	11.6%	11.7%	11.9%	11.9%	11.9%	
35-39	11.9%	11.5%	11.5%	10.9%	11.7%	11.6%	
40	11.5%	11.6%	11.7%	11.2%	11.6%	11.4%	
41	11.4%	11.6%	11.6%	11.2%	11.4%	11.6%	
42	11.8%	11.7%	11.5%	11.7%	11.8%	11.6%	
43	11.6%	11.5%	11.6%	11.5%	11.7%	11.6%	
44	11.7%	11.6%	11.6%	11.3%	11.6%	11.5%	
45	11.5%	11.5%	11.5%	11.6%	11.5%	11.5%	
46	11.6%	11.6%	11.6%	11.8%	9.1%	11.5%	
47	11.6%	11.7%	11.5%	11.4%	7.5%	11.4%	
48	11.6%	11.5%	11.7%	11.9%	9.0%	11.5%	
49	11.4%	11.6%	11.6%	11.3%	10.6%	11.6%	
50	11.7%	11.6%	11.6%	11.5%	11.5%	11.6%	
51	11.5%	11.4%	11.5%	11.9%	11.6%	11.6%	
52	11.5%	11.7%	11.6%	11.4%	11.5%	11.4%	
53	11.5%	11.6%	11.5%	11.7%	11.5%	11.5%	
54	11.4%	11.5%	11.6%	11.5%	11.8%	11.5%	
55	11.6%	11.6%	11.7%	11.4%	11.7%	11.5%	
56	11.4%	11.5%	11.7%	11.4%	11.7%	11.7%	
57	11.6%	11.6%	11.5%	11.6%	11.5%	11.7%	
58	11.6%					11.6%	
59	11.6%	11.6% 11.6%	11.6% 11.6%	11.7%	11.6%		
	11.7%	11.5%		11.5%	11.6%	11.7% 11.6%	
60			11.5%	11.7%	11.5%		
61	11.6%	11.5%	11.6%	11.7%	11.5%	11.6%	
62	11.5%	11.7%	11.6%	11.5%	11.6%	11.6%	
63	11.7%	11.6%	11.6%	11.5%	11.6%	11.6%	
64	11.7%	11.6%	11.6%	11.6%	11.5%	11.6%	
65	11.6%	11.6%	11.6%	11.6%	11.6%	11.5%	
66	11.7%	11.6%	11.6%	11.7%	11.6%	11.5%	
67	10.8%	10.8%	10.8%	10.8%	10.7%	10.7%	
68	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	
69	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	
70	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	
71	1.3%	1.2%	1.2%	1.3%	1.2%	1.2%	
72	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
73	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

# COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES

	30 Day Elimination Period			90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime	
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	
18-29	9.9%	11.9%	11.4%	11.1%	12.3%	11.8%	
30-34	11.8%	11.5%	11.9%	10.8%	12.1%	11.4%	
35-39	11.8%	11.4%	11.7%	12.3%	12.2%	11.5%	
40	11.0%	11.5%	11.6%	11.5%	11.7%	11.5%	
41	11.3%	11.8%	11.4%	11.0%	11.2%	11.7%	
42	11.5%	11.2%	11.8%	11.4%	11.6%	11.5%	
43	11.5%	11.8%	11.7%	12.1%	11.8%	11.1%	
44	10.9%	11.2%	11.6%	11.5%	11.6%	11.8%	
45	10.9%	11.7%	11.5%	11.5%	11.8%	11.7%	
46	12.2%	11.5%	11.4%	11.0%	11.6%	11.6%	
47	11.9%	11.7%	11.4%	10.9%	11.9%	11.7%	
48	11.4%	11.4%	11.6%	12.2%	11.6%	11.6%	
49	11.4%	11.7%	11.7%	11.7%	11.7%	11.6%	
50	11.9%	11.6%	11.7%	11.7%	11.4%	11.6%	
51	11.5%	11.3%	11.6%	11.2%	11.8%	11.6%	
52	11.4%	11.6%	11.6%	11.8%	11.5%	11.5%	
53	11.3%	11.8%	11.5%	11.7%	11.5%	11.5%	
54	11.5%	11.6%	11.4%	12.0%	11.6%	11.5%	
55	12.0%	11.6%	11.6%	11.4%	11.6%	11.6%	
56	11.4%	11.5%	11.6%	11.2%	11.6%	11.6%	
57	11.6%	11.4%	11.4%	11.4%	11.5%	11.6%	
58	11.5%	11.8%	11.6%	11.7%	11.6%	11.7%	
59	11.5%	11.5%	11.6%	11.4%	11.4%	11.6%	
60	11.4%	11.6%	11.6%	11.8%	11.8%	11.6%	
61	11.6%	11.7%	11.7%	11.3%	11.5%	11.6%	
62	11.3%	11.6%	11.5%	11.7%	11.6%	11.6%	
63	11.5%	11.7%	11.6%	11.6%	11.5%	11.5%	
64	11.6%	11.6%	11.6%	11.6%	11.5%	11.5%	
65	11.5%	11.7%	11.6%	11.5%	11.6%	11.5%	
66	11.5%	11.5%	11.6%	11.7%	11.6%	11.5%	
67	11.5%	11.6%	11.6%	11.5%	11.6%	11.5%	
68	11.5%	11.6%	11.5%	11.4%	11.7%	11.6%	
69	11.7%	11.6%	11.5%	11.7%	11.6%	11.6%	
70	11.7%	11.7%	11.5%	11.5%	11.6%	11.6%	
71	11.5%	11.6%	11.6%	11.4%	11.6%	11.6%	
72	11.5%	11.7%	11.6%	11.5%	11.6%	11.6%	
73	11.5%	11.6%	11.6%	11.4%	11.6%	11.6%	
74	11.6%	11.7%	11.6%	11.5%	11.6%	11.6%	
75	11.6%	11.6%	11.6%	11.5%	11.6%	11.5%	
76	11.5%	11.6%	11.6%	11.5%	11.6%	11.5%	
77	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%	
78	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%	
79	11.5%	11.6%	11.6%	11.7%	11.6%	11.6%	
80	11.6%	11.6%	11.5%	11.6%	11.6%	11.6%	
81	11.5%	11.5%	11.6%	11.7%	11.5%	11.6%	
82	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%	
83	11.7%	11.6%	11.6%	11.6%	11.6%	11.6%	
84	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%	
٠.	11.070	11.070	/0	11.570	11.070	11.070	

## COMPARISON OF CURRENT AND PROPOSED RATES PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 ARE THIS MUCH HIGHER THAN PREVIOUS RATES COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES

Same   2 Year   S Year   Lifetime   2 Year   Benefit Period   Benefit Pe		30 Day Elimination Period			90 Day Elimination Period		
18-29	Issue	2 Year	5 Year	Lifetime		5 Year	Lifetime
30-34   12,1%   11,6%   11,8%   11,8%   11,5%   11,5%   35-39   11,2%   11,3%   11,6%   11,5%   11,6%   11,7%   11,5%   11,6%   11,4%   11,5%   11,6%   11,6%   11,5%   11,6%   11,6%   11,5%   11,6%   11,5%   11,6%   11,5%   11,6%   11,5%   11,6%   11,5%   11,6%   11,5%   11,6%   11,5%   11,6%   11,5%   11,6%   11,5%   11,6%	Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
35-39	18-29	11.0%	11.6%	11.6%	12.3%	11.9%	11.6%
40         11.4%         11.5%         11.5%         11.6%         11.5%         11.5%           41         11.6%         11.7%         11.5%         11.6%         11.7%         11.7%           42         11.8%         11.5%         11.6%         12.0%         11.7%         11.8%           43         11.4%         11.5%         11.5%         11.4%         11.5%         11.6%           44         11.4%         11.6%         11.5%         11.8%         11.7%         11.5%           45         11.7%         11.6%         11.5%         11.5%         11.5%         11.5%           46         11.7%         11.6%         11.5%         11.7%         11.5%         11.5%           47         11.8%         11.6%         11.5%         11.7%         11.8%         11.6%         11.5%           48         11.7%         11.6%         11.6%         11.7%         11.8%         11.6%           50         11.8%         11.6%         11.6%         11.6%         11.5%         11.6%         11.6%           51         11.8%         11.6%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6%         11.	30-34	12.1%	11.6%	11.8%	11.8%	11.5%	11.5%
41         11.6%         11.7%         11.5%         11.8%         11.6%         11.0%         11.7%         11.8%           42         11.8%         11.5%         11.6%         12.0%         11.7%         11.8%           43         11.4%         11.6%         11.5%         11.8%         11.7%         11.6%           44         11.4%         11.6%         11.5%         11.8%         11.7%         11.5%           45         11.7%         11.6%         11.6%         11.9%         11.5%         11.5%           46         11.7%         11.6%         11.6%         11.7%         11.4%         11.5%           47         11.8%         11.6%         11.5%         11.7%         11.4%         11.5%           49         11.6%         11.6%         11.6%         11.7%         11.8%         11.6%           50         11.8%         11.6%         11.6%         11.6%         11.6%         11.6%           51         11.8%         11.6%         11.6%         11.5%         11.6%         11.6%           51         11.8%         11.6%         11.6%         11.5%         11.5%         11.5%           51         11.8%	35-39	11.2%	11.3%	11.6%	11.7%	11.5%	11.4%
42         11.8%         11.5%         11.6%         12.0%         11.7%         11.8%           43         11.4%         11.5%         11.6%         11.4%         11.5%         11.7%         11.7%         11.6%         11.6%         11.5%         11.7%         11.7%         11.7%         11.7%         11.7%         11.5%         11.6%         11.5%         11.6% <td>40</td> <td>11.4%</td> <td>11.5%</td> <td>11.5%</td> <td>11.6%</td> <td>11.6%</td> <td>11.5%</td>	40	11.4%	11.5%	11.5%	11.6%	11.6%	11.5%
43         11.4%         11.5%         11.6%         11.4%         11.5%         11.5%         11.5%         11.5%         11.7%         11.7%         11.7%         11.7%         11.7%         11.5%         11.6%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.5%         11.6%         11.6%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11	41	11.6%	11.7%	11.5%	11.8%	11.6%	11.7%
44         11.4%         11.6%         11.5%         11.7%         11.7%         11.7%         11.7%         11.7%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.7%         11.4%         11.5%         11.6%         11.5%         11.7%         11.8%         11.6%         11.5%         11	42	11.8%	11.5%	11.6%	12.0%	11.7%	11.8%
45         11.7%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.7%         11.6%         11.7%         11.4%         11.5%         11.7%         11.4%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11	43	11.4%	11.5%	11.6%	11.4%	11.5%	11.6%
46         11.7%         11.6%         11.6%         11.9%         11.6%         11.7%           47         11.8%         11.6%         11.7%         11.7%         11.8%         11.6%           48         11.7%         11.6%         11.7%         11.8%         11.6%         11.6%         11.7%         11.8%         11.6%           50         11.8%         11.6%         11.6%         11.7%         11.5%         11.6%           51         11.8%         11.6%         11.6%         11.3%         11.6%         11.6%           51         11.8%         11.6%         11.6%         11.5%         11.5%         11.6%           51         11.8%         11.6%         11.7%         11.5%         11.6%         11.6%           51         11.8%         11.6%         11.5%         11.5%         11.5%         11.6%         11.5%	44	11.4%	11.6%	11.5%	11.8%	11.7%	11.7%
47         11.8%         11.6%         11.5%         11.7%         11.5%         11.5%           48         11.7%         11.6%         11.7%         11.8%         11.6%         11.6%           49         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           50         11.8%         11.6%         11.6%         11.5%         11.5%         11.6%           51         11.8%         11.6%         11.6%         11.3%         11.6%         11.6%           51         11.8%         11.5%         11.5%         11.5%         11.5%         11.5%           52         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%           53         11.4%         11.6%         11.6%         11.7%         11.6%         11.6%           54         11.4%         11.6%         11.6%         11.8%         11.5%         11.5%           55         11.5%         11.6%         11.6%         11.7%         11.5%         11.5%           56         11.5%         11.6%         11.6%         11.7%         11.5%         11.6%           57         11.8%         11.5%	45	11.7%	11.7%	11.5%	11.5%	11.5%	11.5%
48         11.7%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11	46	11.7%	11.6%	11.6%	11.9%	11.6%	11.7%
49         11.6%         11.5%         11.6%         11.7%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11	47	11.8%	11.6%	11.5%	11.7%	11.4%	11.5%
50         11.8%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         51.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%         11.6%         11	48	11.7%	11.6%	11.7%	11.7%	11.8%	11.6%
51         11.8%         11.6%         11.6%         11.3%         11.6%         11.6%           52         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%           53         11.4%         11.6%         11.6%         11.7%         11.6%         11.6%           54         11.4%         11.6%         11.5%         11.5%         11.5%         11.5%           55         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6% </td <td>49</td> <td>11.6%</td> <td>11.6%</td> <td>11.6%</td> <td>11.7%</td> <td>11.6%</td> <td>11.6%</td>	49	11.6%	11.6%	11.6%	11.7%	11.6%	11.6%
52         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%           53         11.4%         11.6%         11.6%         11.7%         11.6%         11.5%           54         11.4%         11.6%         11.6%         11.8%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%	50	11.8%	11.6%	11.6%	11.6%	11.5%	11.6%
52         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%           53         11.4%         11.6%         11.6%         11.7%         11.6%         11.5%           54         11.4%         11.6%         11.6%         11.8%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%	51	11.8%	11.6%	11.6%	11.3%	11.6%	11.6%
54         11.4%         11.6%         11.6%         11.8%         11.5%         11.5%           55         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%           56         11.5%         11.6%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.7%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%	52						
55         11.5%         11.6%         11.5%         11.6%         11.5%         11.5%         15.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11	53	11.4%	11.6%	11.6%	11.7%	11.6%	11.6%
56         11.5%         11.6%         11.6%         11.7%         11.5%         11.6%           57         11.8%         11.5%         11.6%         11.7%         11.6%         11.6%           58         11.5%         11.7%         11.5%         11.6%         11.6%         11.5%           59         11.5%         11.7%         11.6%         11.7%         11.5%           60         11.6%         11.6%         11.7%         11.5%         11.6%           61         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%           61         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6% <t< td=""><td>54</td><td>11.4%</td><td>11.6%</td><td>11.6%</td><td>11.8%</td><td>11.5%</td><td>11.5%</td></t<>	54	11.4%	11.6%	11.6%	11.8%	11.5%	11.5%
56         11.5%         11.6%         11.6%         11.7%         11.5%         11.6%           57         11.8%         11.5%         11.6%         11.7%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6% <td>55</td> <td></td> <td></td> <td>11.5%</td> <td></td> <td>11.6%</td> <td>11.5%</td>	55			11.5%		11.6%	11.5%
57         11.8%         11.5%         11.6%         11.6%         11.7%         11.6%           58         11.5%         11.7%         11.5%         11.6%         11.6%         11.5%           59         11.5%         11.7%         11.6%         11.7%         11.5%           60         11.6%         11.6%         11.7%         11.5%         11.5%           61         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%           61         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%	56				11.7%		
59         11.5%         11.7%         11.6%         11.7%         11.7%         11.5%           60         11.6%         11.6%         11.6%         11.7%         11.6%         11.5%           61         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%           62         11.6%         11.7%         11.5%         11.8%         11.6%         11.6%           63         11.6%         11.5%         11.6%         11.4%         11.5%         11.6%           64         11.7%         11.5%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%	57	11.8%			11.6%		
59         11.5%         11.7%         11.6%         11.7%         11.7%         11.5%           60         11.6%         11.6%         11.6%         11.7%         11.6%         11.5%           61         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%           62         11.6%         11.7%         11.5%         11.8%         11.6%         11.6%           63         11.6%         11.5%         11.6%         11.4%         11.5%         11.6%           64         11.7%         11.5%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%	58	11.5%	11.7%	11.5%	11.6%	11.6%	11.5%
60         11.6%         11.6%         11.7%         11.6%         11.5%           61         11.6%         11.5%         11.6%         11.4%         11.5%         11.6%           62         11.6%         11.7%         11.5%         11.8%         11.6%         11.6%           63         11.6%         11.5%         11.6%         11.4%         11.5%         11.6%           64         11.7%         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%         11.6% </td <td></td> <td>11.5%</td> <td></td> <td></td> <td></td> <td>11.7%</td> <td></td>		11.5%				11.7%	
61         11.6%         11.5%         11.6%         11.4%         11.5%         11.6%           62         11.6%         11.7%         11.5%         11.8%         11.6%         11.6%           63         11.6%         11.5%         11.6%         11.4%         11.5%         11.6%           64         11.7%         11.5%         11.6%         11.6%         11.6%         11.6%           65         11.5%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%           66         11.6%         11.5%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%         11.6%         11.7%         11.6%	60	11.6%		11.6%		11.6%	11.5%
62         11.6%         11.7%         11.5%         11.8%         11.6%         11.6%           63         11.6%         11.5%         11.6%         11.4%         11.5%         11.6%           64         11.7%         11.5%         11.6%         11.6%         11.6%         11.6%           65         11.5%         11.7%         11.6%         11.5%         11.6%         11.5%           66         11.6%         11.5%         11.5%         11.6%         11.7%           67         11.4%         11.5%         11.6%         11.5%         11.6%         11.6%           68         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%           69         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           70         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           71         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           74	61	11.6%	11.5%	11.6%	11.4%	11.5%	11.6%
64         11.7%         11.5%         11.6%         11.6%         11.6%         11.6%           65         11.5%         11.7%         11.6%         11.7%         11.6%         11.5%           66         11.6%         11.6%         11.5%         11.6%         11.7%           67         11.4%         11.5%         11.6%         11.7%         11.6%         11.6%           68         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%           69         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           70         11.5%         11.6%         11.5%         11.6%         11.6%           71         11.6%         11.6%         11.5%         11.6%         11.6%           71         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           73         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%	62						
65         11.5%         11.7%         11.6%         11.5%         11.6%         11.5%           66         11.6%         11.6%         11.5%         11.6%         11.7%           67         11.4%         11.5%         11.6%         11.7%         11.6%         11.6%           68         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%           69         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           70         11.5%         11.6%         11.5%         11.6%         11.6%           71         11.6%         11.6%         11.5%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%           73         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           77         11.5%         11.6%	63	11.6%	11.5%	11.6%	11.4%	11.5%	11.6%
66         11.6%         11.5%         11.5%         11.6%         11.7%           67         11.4%         11.5%         11.6%         11.7%         11.6%         11.6%           68         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           69         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           70         11.5%         11.6%         11.5%         11.6%         11.6%           71         11.6%         11.6%         11.5%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           73         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%         11.6%         11.6%         11.5%         11.6%         11.6%           77         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%           79         11.6%         11.6%         11.6%	64	11.7%	11.5%	11.6%	11.6%	11.6%	11.6%
67         11.4%         11.5%         11.6%         11.7%         11.6%         11.6%           68         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%           69         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           70         11.5%         11.6%         11.5%         11.6%         11.6%           71         11.6%         11.6%         11.5%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           73         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           76         11.6%         11.6%         11.5%         11.6%         11.6%         11.6%           77         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%           79         11.6%         11.6%         11.6%         11.6%	65	11.5%	11.7%	11.6%	11.7%	11.6%	11.5%
68         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           69         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           70         11.5%         11.6%         11.5%         11.6%         11.6%         11.6%           71         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           73         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           76         11.6%         11.6%         11.5%         11.6%         11.6%         11.6%           77         11.5%         11.6%         11.6%         11.5%         11.6%         11.6%           79         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           80         11.5%         11.6%         11.6%	66	11.6%	11.6%	11.5%	11.5%	11.6%	11.7%
69         11.5%         11.6%         11.6%         11.6%         11.6%           70         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%           71         11.6%         11.6%         11.5%         11.6%         11.6%         11.6%           72         11.5%         11.6%	67	11.4%	11.5%	11.6%	11.7%	11.6%	11.6%
70         11.5%         11.6%         11.5%         11.6%         11.5%         11.6%           71         11.6%         11.6%         11.5%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           73         11.6%	68	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%
71         11.6%         11.6%         11.5%         11.6%         11.6%           72         11.5%         11.6%         11.6%         11.6%         11.6%           73         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%         11.6%         11.6%         11.6%         11.6%           76         11.6%         11.6%         11.5%         11.6%         11.6%           77         11.5%         11.6%         11.6%         11.5%         11.6%           78         11.5%         11.6%         11.6%         11.6%         11.6%           79         11.6%         11.6%         11.6%         11.6%         11.6%           80         11.5%         11.6%         11.6%         11.6%         11.6%           81         11.5%         11.6%         11.6%         11.6%         11.6%           82         11.5%         11.6%         11.6%         11.6%         11.6%           83         11.6%         11.6%         11.6%         11.6%         11.6%	69	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
72         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           73         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%	70	11.5%	11.6%	11.5%	11.6%	11.5%	11.6%
73         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           74         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%	71	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%
74         11.6%         11.6%         11.6%         11.6%         11.6%           75         11.6%         11.6%         11.6%         11.6%         11.6%           76         11.6%         11.6%         11.5%         11.6%         11.6%           77         11.5%         11.6%         11.6%         11.5%         11.6%           78         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           79         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           80         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           81         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           82         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           83         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%	72	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
75         11.6%         11.6%         11.6%         11.6%         11.6%           76         11.6%         11.6%         11.5%         11.6%         11.6%           77         11.5%         11.6%         11.6%         11.5%         11.6%           78         11.5%         11.6%         11.5%         11.6%         11.6%           79         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           80         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           81         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           82         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           83         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%	73	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
76         11.6%         11.6%         11.5%         11.6%         11.6%           77         11.5%         11.6%         11.6%         11.5%         11.6%           78         11.5%         11.6%         11.5%         11.6%         11.6%           79         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%           80         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           81         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           82         11.5%         11.6%         11.6%         11.6%         11.6%         11.6%           83         11.6%         11.6%         11.6%         11.6%         11.6%         11.6%	74	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
77       11.5%       11.6%       11.6%       11.5%       11.6%         78       11.5%       11.6%       11.5%       11.6%       11.6%         79       11.6%       11.6%       11.6%       11.6%       11.6%       11.6%         80       11.5%       11.6%	75	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
78       11.5%       11.6%       11.5%       11.6%       11.6%         79       11.6%       11.6%       11.6%       11.6%       11.6%         80       11.5%       11.6%       11.6%       11.6%       11.6%       11.6%         81       11.5%       11.6%       11.6%       11.6%       11.6%       11.6%         82       11.5%       11.6%       11.6%       11.6%       11.6%       11.6%         83       11.6%       11.6%       11.6%       11.6%       11.6%       11.6%	76	11.6%	11.6%	11.6%	11.5%	11.6%	11.6%
79     11.6%     11.6%     11.6%     11.6%       80     11.5%     11.6%     11.6%     11.6%       81     11.5%     11.6%     11.6%     11.5%     11.6%       82     11.5%     11.6%     11.6%     11.6%     11.6%       83     11.6%     11.6%     11.6%     11.6%     11.6%	77	11.5%	11.6%	11.6%	11.6%	11.5%	11.6%
80     11.5%     11.6%     11.6%     11.6%     11.6%       81     11.5%     11.6%     11.5%     11.6%     11.6%       82     11.5%     11.6%     11.6%     11.6%     11.6%     11.6%       83     11.6%     11.6%     11.6%     11.6%     11.6%	78	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%
81     11.5%     11.6%     11.5%     11.6%     11.6%       82     11.5%     11.6%     11.6%     11.6%     11.6%     11.6%       83     11.6%     11.6%     11.6%     11.6%     11.6%	79	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
82     11.5%     11.6%     11.6%     11.6%     11.6%       83     11.6%     11.6%     11.6%     11.6%     11.6%	80	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
83 11.6% 11.6% 11.6% 11.6% 11.6% 11.6%	81	11.5%	11.6%	11.6%	11.5%	11.6%	11.6%
83 11.6% 11.6% 11.6% 11.6% 11.6% 11.6%	82	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%
84 11.5% 11.6% 11.6% 11.6% 11.6% 11.6%	83	11.6%	11.6%	11.6%		11.6%	11.6%
	84	11.5%	11.6%	11.6%	11.6%	11.6%	11.6%

NAME: LONG-TERM CARE COVERAGE CHANGE)

(ADDED: 04-09-15) (CARBON COPIES: 2) (DISPLAY LETTER: Y) <CURRENT DATE>

- <INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Dear <INSURED LAST NAME>:

<BEGIN BODY>

The enclosed policy schedule reflects a recent change that has been made to your Long Term Care policy.

At your request the following change(s) has(ve) been made:

<@ELIMINATION PERIOD>

The elimination period has been changed to <ELIM PERIOD> days.

<@DAILY BENEFIT>

The daily benefit has been changed to \$<BEN AMT>.

### <@BENEFIT PERIOD>

The benefit period has been changed to <BEN PERIOD>.

### <@AUTOMATIC INC REMOVED>

The Automatic Increase Rider has been removed. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

### <@RIDER CHANGE>

The <ORIGINAL RIDER> rider has been changed to <NEW RIDER>. The daily benefit amount has been revised to \$<NEW BEN AMT>.

### <@CONTINGENT BENEFIT OFFER>

The Contingent Benefit Offer has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

#### <@NONFORFEITURE REMOVED>

The Non-Forfeiture Rider has been removed.

### <@FUTURE PURCHASE OPTION>

The Future Purchase Option has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

### <@RATE CLASS CHANGE>

The Rate Class has been changed to Preferred.

Please place the new Policy Schedule and a copy of this letter with your policy.

If you have any questions, please contact your State Farm agent.

<END OF BODY>

Sincerely,

Policyholder Service
Health Insurance Division
<#CO NAME 1><#CO NAME 2><#CO NAME 3>

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>

### STATEMENT OF VARIABILITY

### Long Term Care Insurance Policy Schedule

### The following bracketed items are considered variable.

[INSURED]: This will be the name of the person who applied for and was issued a policy.

[POLICY NUMBER]: This is a unique number assigned to the policyholder.

[POLICY DATE]: This date will be the date the policy is effective.

[INITIAL PREMIUM]: The appropriate premium will display depending on the premium mode selected.

[PREMIUM MODE]: This will be either Quarterly, Semi-annual or Annual depending on mode selected.

[FIRST RENEWAL DATE]: This will be either 3 months, 6 months or 12 months from policy date depending on the mode selected.

[THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE]: Effective date of coverage.

[ANNUAL PREMIUM]: Amount of premium based on selections made for coverage.

[MAXIMUM DAILY HOME AND ADULT DAY CARE BENEFIT]: Will display amount chosen between \$100-\$500 in \$25 increments.

[MAXIMUM DAILY FACILITY BENEFIT]: Will display amount chosen between \$75-\$400 in \$25 increments.

[ELIMINATION PERIOD]: Will display amount chosen, 30 Days or 90 Days.

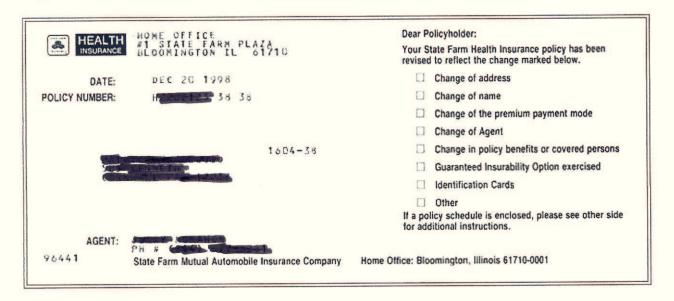
[MAXIMUM LIFETIME BENEFIT]: Will display total lifetime benefit at time of application based on choices of previous selections and Maximum Benefit Factor.

NONFORFEITURE/SHORTENED BENEFIT RIDER]: This will be indicated if rider is chosen. [COMPOUND AUTOMATIC INCREASE BENEFIT RIDER]: This will be indicated if rider is chosen.

[SIMPLE AUTOMATIC INCREASE BENEFIT RIDER]: This will be indicated if rider is chosen. [AGENT WRITING POLICY]: Agent name and agent code will display.

Press Back to return to previous document.

### **System-Emitted Printing**



For internal use only.

This page contains CONFIDENTIAL/PROPRIETARY information which may not be disclosed without express written authorization.

Press Back to return to previous document.

### Preprinted Form, Back

YOUR NEW POLICY
SCHEDULE IS ENCLOSED.
PLEASE ATTACH IT TO YOUR
HEALTH INSURANCE POLICY.

The policy schedule is an important part of your insurance policy contract containing policy benefit information.

When a policy change is requested, your insurance contract must be updated with a new policy schedule.

Please be sure to replace the policy schedule (currently with your policy) with this new, updated one, together with any accompanying endorsements. Your policy will then reflect your current Health Insurance benefits.

POLICYHOLDER INFORMATION SERVICE



STATE FARM INSURANCE COMPANIES

For internal use only.

This page contains CONFIDENTIAL/PROPRIETARY information which may not be disclosed without express written authorization.

INSURED [DOE, JOHN] \$1,884.80 INITIAL PREMIUM

POLICY NUMBER [H000000 0000]

POLICY DATE [JUNE 1, 1997] [ANNUAL] PREMIUM MODE

FIRST RENEWAL DATE: [JUNE 1, 1998]

THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE [JUNE 1, 1997] THIS SCHEDULE REPLACES ANY PRIOR SCHEDULE AS OF [JUNE 1, 1997]

### COVERAGE SUMMARY

FORM COVERAGE INFORMATION ANNUAL PREMIUM

[97045 VA.1] BASIC POLICY – LONG-TERM CARE [\$986.00]

MAXIMUM DAILY HOME AND ADULT

DAY CARE BENEFIT [\$100]

MAXIMUM DAILY FACILITY BENEFIT [\$100]

ELIMINATION PERIOD [30 DAYS]

MAXIMUM LIFETIME BENEFIT [\$182,500]

[99505 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER] [\$770.00]

ANNUAL RENEWAL PREMIUMS SUBJECT TO RENEWABILITY PROVISION ON PAGE 1.

[FORM 97045 VA.1] SCHEDULE PAGE 3 [AGENT R. H. BROWN 1234]

### STATEMENT OF VARIABILITY

### Long Term Care Insurance Policy Schedule

### The following bracketed items are considered variable.

[INSURED]: This will be the name of the person who applied for and was issued a policy.

[POLICY NUMBER]: This is a unique number assigned to the policyholder.

[POLICY DATE]: This date will be the date the policy is effective.

[INITIAL PREMIUM]: The appropriate premium will display depending on the premium mode selected.

[PREMIUM MODE]: This will be either Quarterly, Semi-annual or Annual depending on mode selected.

[FIRST RENEWAL DATE]: This will be either 3 months, 6 months or 12 months from policy date depending on the mode selected.

[THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE]: Effective date of coverage.

[THIS SCHEDULE REPLACES ANY PRIOR SCHEDULE AS OF ]: Effective date of updated policy schedule that reflects the requested change.

[ANNUAL PREMIUM]: Amount of premium based on selections made for coverage.

[MAXIMUM DAILY HOME AND ADULT DAY CARE BENEFIT]: Will display amount chosen between \$100-\$500 in \$25 increments.

[MAXIMUM DAILY FACILITY BENEFIT]: Will display amount chosen between \$75-\$400 in \$25 increments.

[ELIMINATION PERIOD]: Will display amount chosen, 30 Days or 90 Days.

[MAXIMUM LIFETIME BENEFIT]: Will display total lifetime benefit at time of application based on choices of previous selections and Maximum Benefit Factor.

NONFORFEITURE/SHORTENED BENEFIT RIDER]: This will be indicated if rider is chosen. [COMPOUND AUTOMATIC INCREASE BENEFIT RIDER]: This will be indicated if rider is chosen.

[SIMPLE AUTOMATIC INCREASE BENEFIT RIDER]: This will be indicated if rider is chosen. [AGENT WRITING POLICY]: Agent name and agent code will display.



### State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

<for YEAR TWO>

Your <MODE> premium for <CURRENT YEAR PLUS 12 MONTHS> will be \$<SECOND YEAR RENEWAL AMOUNT>.

<for YEAR THREE>

Your <MODE> premium for <CURRENT YEAR PLUS 24 MONTHS> will be

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 6

\$<THIRD YEAR RENEWAL AMOUNT>.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission). Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional</p>

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 3 of 6

detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE> <AGENT PHONE NUMBER>

### **Questions and Answers**

### 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

### 2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

# 3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission).

# 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

# 5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

# 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

# 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

### 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. This increase is being phased over three years. Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission).

### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 6 of 6

# 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

INSURED [DOE, JOHN] \$1,884.80 INITIAL PREMIUM

POLICY NUMBER [H000000 0000]

POLICY DATE [JUNE 1, 1997] [ANNUAL] PREMIUM MODE

FIRST RENEWAL DATE: [JUNE 1, 1998]

THE BENEFITS AND PREMIUMS SHOWN ON THIS SCHEDULE ARE EFFECTIVE [JUNE 1, 1997] THIS SCHEDULE REPLACES ANY PRIOR SCHEDULE AS OF [JUNE 1, 1997]

#### COVERAGE SUMMARY

FORM COVERAGE INFORMATION ANNUAL PREMIUM

[97045 VA.1] BASIC POLICY – LONG-TERM CARE [\$986.00]

MAXIMUM DAILY HOME AND ADULT

DAY CARE BENEFIT [\$100]

MAXIMUM DAILY FACILITY BENEFIT [\$100]

ELIMINATION PERIOD [30 DAYS]

MAXIMUM LIFETIME BENEFIT [\$182,500]

[99505 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER] [\$770.00]

ANNUAL RENEWAL PREMIUMS SUBJECT TO RENEWABILITY PROVISION ON PAGE 1.

FORM 97045 VA.1 SCHEDULE PAGE 3 [AGENT R. H. BROWN 1234]

#### STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS 61710 ACTUARIAL MEMORANDUM – RATE INCREASE

# STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM 97045VA.1 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504VA COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505

#### I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in Virginia. This memorandum is not suitable for other purposes.

#### II. GENERAL INFORMATION

- A. Type of Policy: These are Individual Tax Qualified Long Term Care Insurance Policies
- B. Renewability: Guaranteed Renewable
- C. Marketing Method: These policies were sold through a captive agency force but are no longer sold
- D. Issue Ages: ages 30 through 84
- E. Average Issue Age of inforce policies: 56

#### III. APPLICABILITY

This filing is applicable to all in-force policies and associated riders issued in Virginia on the above referenced forms. These forms were marketed in Virginia between February 1, 1998 and November 20, 2002. These forms are no longer marketed in any state. As of December 31, 2012, there were 1,142 policies in force on these forms in Virginia and 44,726 nationwide. A similar increase has been filed in all jurisdictions this series of forms were marketed in.

#### IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

- A. Form 97045VA.1: This form provides comprehensive Long Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care in a facility after the specified waiting period.
- B. Optional Simple Automatic Increase Benefit Rider Form 99504VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.
- C. Optional Compound Automatic Increase Benefit Rider Form 99505: provides compound automatic benefit increases of 5% for each policy year.

#### V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

#### VI. MORBIDITY ASSUMPTIONS

Claim costs were developed using 2011 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research and judgment. These claim costs were developed based on the benefits provided under these forms, and were adjusted based on actual experience on these forms.

No future morbidity improvement was assumed in these claim costs.

#### VII. MORTALITY ASSUMPTION

Sex distinct mortality was assumed to follow the IAM 2012 Static table with 11 year selection factors, grading from 28% to 91% of the table over those 11 years, with the ultimate factor being 91% in years 11 and beyond. The selection factors for the first 10 years are based on actual mortality results on State Farm's long term care block.

Duration	Assumed Mortality Factor As a % of 2012 IAM	Actual Mortality Factor As a % of 2012 IAM	Actual Deaths
1	28%	28%	209
2	50%	50%	389
3	58%	58%	457
4	62%	62%	495
5	73%	73%	582
6	68%	68%	554
7	79%	79%	644
8	83%	83%	666
9	91%	91%	670
10	92%	92%	552
11+	91%	95%	820

#### VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Voluntary lapse rates are based on our countrywide long term care lapse experience. All policies are in their  $10^{th}$  + year.

The following chart shows our actual lapse rate by duration through Dec. 31, 2011.

Duration	Actual Lapse Rate	Exposures
1	5.85%	61,698
2	4.40%	57,956
3	2.71%	55,194
4	1.86%	53,452
5	1.40%	52,196
6	1.03%	51,151
7	0.84%	50,291

8	0.84%	49,465
9	0.83%	46,423
10+	0.71%	100,943

Lapse rate used for projections in lifetime loss ratio calculation in policy years 11 + = .70%. Ultimate lapse rates assumed in the original pricing were in excess of 4%.

#### IX. HISTORY OF RATE ADJUSTMENTS

On May 9, 2000, we filed new rate tables to be used for new business on these forms. This change was implemented on June 1, 2001.

#### X. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to the rate increase is:

Virginia \$1,172 Nationwide \$1,153

The average annual premium for this form and associated riders after the rate increase is:

Virginia \$1,603 Nationwide \$1,355

#### XI. MINIMUM LIFETIME LOSS RATIO

The minimum lifetime loss ratio is 60%.

#### XII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide experience is shown in the exhibit entitled Actual and Projected Nationwide Experience. Nationwide experience is used as the basis for determining this rate revision. Projected premiums are shown both with and without the proposed rate increase. A summary of the resulting loss ratios are shown below.

The lifetime loss ratio is calculated as the present value of past and anticipated incurred claims divided by the present value of past and anticipated earned premium. The present values are calculated at 4.5%.

The following table shows the present values of premiums and claims at 4.5%.

	Earned	Earned		Loss	Loss
	Premium	Premium	Incurred	Ratio	Ratio
	w/o Increase	with Increase	Claims	w/o Increase	w increase
Past	\$1,078,926,341	\$1,078,926,341	\$369,655,235	34.3%	34.3%
Anticipated	\$574,308,026	\$746,814,027	\$2,747,922,850	478.5%	368.0%
Lifetime	\$1,653,234,368	\$1,825,740,368	\$3,117,578,085	188.6%	170.8%

#### XIII. MAXIMUM ALLOWABLE RATE INCREASE

	<u>Increase</u>
Approach 1: Calculate maximum increase based only on future premium	616%
Approach 2: Calculate maximum increase based on past and future premium	214%

Under Approach 1, if future premiums were increased 616%, the expected lifetime loss ratio would be 60%.

Under Approach 2, if future premiums were increased 214%, the expected lifetime loss ratio would be 108%. However, if premiums had initially been 214% higher, the expected lifetime loss ratio would be 60%. This method of meeting the minimum loss ratio does not allow the company to recoup past losses. This is the method that will be used to justify this rate increase.

#### XIV. SUMMARY OF PROPOSED RATE INCREASE

As shown in Approach 2 above, a rate increase of 214% is allowed to bring the lifetime loss ratio to 60%, however we are proposing an overall average increase of 37%.

We are proposing an increase of 40% on most policyholders with the following exceptions:

For all benefit periods and elimination periods, on the base policy form, the following increases will apply:

Issue Age	Proposed Increase
67	39%
68-69	37%
70	32%
71	27%
72	21%
73	14%
74	10%
75	9%
76+	10%

In addition, for policies issued on or after June 1, 2001, with a 5 year benefit period, and 90 day elimination period, the increase on the base policy form will be:

Issue Age	Proposed Increase
46	37%
47	35%
48	37%
49	39%

The purpose of these exceptions is to keep the proposed premiums lower than premiums that are being offered on currently marketed forms.

A table comparing current and proposed rates is included in the supporting documentation (There are some increases that show as 41% or 39% that are due to rounding. No increases are 41%, but may be greater than or equal to 40.5% and round to 41%).

Although a rate increase larger than 37% can be justified at this time, State Farm is not currently seeking a higher increase. This rate increase will enhance premium adequacy, however it will not be sufficient to prevent further rate increases. We will continue to monitor emerging experience and consider further increases in the future.

#### XV. CERTIFICATION

I certify that to the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and rules of this Commonwealth and the premiums are reasonable in relation to the benefits provided. This rate filing complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities" and Actuarial Standard of Practice No. 18, "Long-Term Care Insurance".

Jeff Mueller, FSA, MAAA

May 3, 2016

Date

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

### **Superseded Schedule Items**

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

	Schedule Item			Replacement	
Creation Date	Status	Schedule	Schedule Item Name	Creation Date	Attached Document(s)
05/03/2016	Withdrawn 05/04/2016	Form	Policyholder Notification Letter for Rate Increase	05/03/2016	97045 VA Policyholder Letter - Final.pdf (Superceded)
04/07/2016	Withdrawn 05/05/2016	Supporting Document	#14 Objection Response 04/04/2016	05/03/2016	VA Policy Schedule.pdf Statement of Variability - Policy Schedule.pdf
04/07/2016	Withdrawn 05/04/2016	Form	Policyholder Notification Letter for Rate Increase	05/03/2016	97045 VA Policyholder Letter revised.pdf (Superceded)
03/22/2016	Withdrawn 05/03/2016	Form	Policyholder Notification Letter for Rate Increase	04/07/2016	97045 VA Policyholder Letter.pdf (Superceded)
02/18/2016	Withdrawn 04/04/2016	Form	Policyholder Notification Letter for Rate Increase	03/22/2016	97045 VA Policyholder Notification Letter.pdf (Superceded)
06/05/2015	Withdrawn 03/22/2016	Form	Policyholder Notification Letter for Rate Increase	02/18/2016	97045 VA Customer Letter.pdf (Superceded)
06/03/2015	Withdrawn 04/04/2016	Form	LONG-TERM CARE COVERAGE CHANGE	03/22/2016	A-LTCICHG.pdf (Superceded)
06/09/2014	Withdrawn 05/05/2016	Supporting Document	Objection 4 Response	05/04/2016	Objection Response - VA - June 2.pdf (Superceded) VA 97045 Narrative.pdf (Superceded) VA Rate Summary.pdf
12/05/2013	Withdrawn 05/05/2016	Supporting Document	L&H Actuarial Memorandum	05/04/2016	Virginia - Actuarial Memorandum and Certificationv2.pdf (Superceded)
12/04/2013	Withdrawn 05/28/2015	Rate	Rate Tables	02/03/2015	Proposed Rate Table A03.pdf (Superceded) Proposed Rate Table A04.pdf (Superceded)
10/07/2013	Withdrawn 02/18/2014	Supporting Document	Actual and Projected Experience	12/05/2013	Actual and Projected Nationwide Experience.pdf (Superceded) Actual and Projected Virginia Experience.pdf (Superceded)

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:Long Term Care InsuranceProject Name/Number:2013 VA LTCI 97045 Series/

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/07/2013	Withdrawn 01/23/2014	Rate	Rate Tables	12/04/2013	Proposed Rate Table A03.xlsx (Superceded) Proposed Rate Table A04.xlsx (Superceded) Current Rate Table A01.xlsx (Superceded) Current Rate Table A02.xlsx (Superceded)
10/07/2013	Withdrawn 02/18/2014	Supporting Document	L&H Actuarial Memorandum	12/05/2013	Virginia - Actuarial Memorandum and Certification.pdf (Superceded)

SERFF Tracking #: STLH-129237070 State Tracking #: STLH-129237070 Company Tracking #: 2013 VA LTC 97045 SERIES

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care Insurance
Project Name/Number: 2013 VA LTCI 97045 Series/

Attachment Proposed Rate Table A03.xlsx is not a PDF document and cannot be reproduced here.

Attachment Proposed Rate Table A04.xlsx is not a PDF document and cannot be reproduced here.

Attachment Current Rate Table A01.xlsx is not a PDF document and cannot be reproduced here.

Attachment Current Rate Table A02.xlsx is not a PDF document and cannot be reproduced here.



### State Farm Mutual Automobile Insurance Company

October 1, 2016

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

DOE, JOHN J

000 CHEAPEAKE AVE HAMPTON, VA 23661

Re: L000000

Form Number: 97045 VA.1

Dear Mr. Doe:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

This increase will be taken over three years. This letter is for the first year of the increase. Your policy will receive three premium increases for an overall rate increase of 40%. Therefore, a premium increase will be applied and effective at your next policy anniversary.

Your new annual premium will be \$567.50, effective on the next anniversary date of your policy, February 1, 2017. Your billing notice will reflect the new premium.

Your annual premium for February 1, 2018 will be \$635.00.

Your annual premium for February 1, 2019 will be \$710.00.

JOHN DOE L000000 October 1, 2016 Page 2 of 6

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

Base daily benefit: \$250Benefit factor: 2 year

Elimination period: 30 days
Inflation protection: None
Non-Forfeiture Rider: None

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission). Please note that Long Term Care Insurance is guaranteed renewable.

Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent

JOHN DOE L000000 October 1, 2016 Page 3 of 6

benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: Agent: Mark Smith, 28-222222 (757) 777-77777

### **Questions and Answers**

### 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

### 2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

# 3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission).

# 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

# 5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

# 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

# 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

### 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. This increase is being phased over three years. Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission).

### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

JOHN DOE L000000 October 1, 2016 Page 6 of 6

# 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.



### State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

<for YEAR TWO>

Your <MODE> premium for <CURRENT YEAR PLUS 12 MONTHS> will be \$<SECOND YEAR RENEWAL AMOUNT>.

<for YEAR THREE>

Your <MODE> premium for <CURRENT YEAR PLUS 24 MONTHS> will be

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 6

\$<THIRD YEAR RENEWAL AMOUNT>.

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission). Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional</p>

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 3 of 6

detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE> <AGENT PHONE NUMBER>

### **Questions and Answers**

### 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

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# 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

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# 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

### 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. This increase is being phased over three years. Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission).

### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 6 of 6

# 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.



### State Farm Mutual Automobile Insurance Company

<DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

#### Dear <INSURED NAME>:

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Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

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#### <for YEAR TWO>

Your <MODE> premium for <CURRENT YEAR PLUS 12 MONTHS> will be \$<SECOND YEAR RENEWAL AMOUNT>.

#### <for YEAR THREE>

Your <MODE> premium for <CURRENT YEAR PLUS 24 MONTHS> will be \$<THIRD YEAR RENEWAL AMOUNT>.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 6

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge. Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. The paid-up policy based on premiums paid to date will be no less than 30 times the daily nursing home benefit at the time of lapse but will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is</p>

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 3 of 6

separate from any non-forfeiture benefit that may have been purchased along with this policy.>

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE> <AGENT PHONE NUMBER>

### **Questions and Answers**

### 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

### 2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

# 3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission).

# 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

# 5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

# 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

# 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

### 8. Will State Farm raise my premium on this policy again in the future?

Long-Term Care Insurance premium rates are not guaranteed. This increase is being phased over three years. Although we will not seek an additional increase during the first three years, we anticipate seeking further rate increases in the future as experience continues to emerge (subject to review and approval by the Virginia State Corporation Commission).

#### 9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 6 of 6

# 10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.



<DATE>

Greeley Health Operations Center P.O. Box 339404 Greeley, Colorado 80633-9404

<INSURED NAME & ADDRESS>

Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm® customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally anticipated. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

Your new <PREMIUM MODE> premium will be <MODAL PREMIUM>, effective on the next <ANNIVERSARY OR RENEWAL> date of your policy, <DATE OF RATE INCREASE>. Your billing notice will reflect the new premium.

#### <for YEAR TWO>

Your <MODE> premium for <CURRENT YEAR PLUS 12 MONTHS> will be \$<SECOND YEAR RENEWAL AMOUNT>.

#### <for YEAR THREE>

Your <MODE> premium for <CURRENT YEAR PLUS 24 MONTHS> will be \$<THIRD YEAR RENEWAL AMOUNT>.

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 6

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Base daily benefit <DAILY BENEFIT AMOUNT>
- Benefit factor <BENEFIT FACTOR AMOUNT>
- Elimination period <ELIMINATION PERIOD AMOUNT>
- Inflation protection <INFLATION PROTECTION>
- Non-Forfeiture rider <NON-FORFEITURE RIDER>

Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge. Please note that Long Term Care Insurance is guaranteed renewable.

<Because of this premium increase, you qualify for a contingent benefit upon lapse. This benefit is based on the age at which you purchased this policy, the percent of premium increases applied to date, and the duration of the policy (i.e. how long you have owned the policy). This benefit would provide either a paid up policy based on premiums paid to date or a reduction of your base daily benefit to an amount that would retain your premium level prior to the increase. The paid-up policy based on premiums paid to date will be no less than 30 times the daily nursing home benefit at the time of lapse but will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise one of these options. The contingent benefit upon lapse is</p>

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 3 of 6

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The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <a href="https://www.scc.virginia.gov/BOI">www.scc.virginia.gov/BOI</a>

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service Health Insurance Division State Farm Mutual Automobile Insurance Company

cc: <AGENT NAME>, <PROCESSING STATE CODE>-<AGENT CODE> <AGENT PHONE NUMBER>

97045 VA Customer Letter

## **Questions and Answers**

## 1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. More policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business, and adequately fund anticipated claims.

## 2. Is there an alternative to paying higher premiums?

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# 4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

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Premiums will be waived when an insured meets waiver of premium eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

## 6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If payment is not received by the established due date, the policy will lapse for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

# 7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture Benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture Benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums.

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The increased premium will be effective on the next renewal date of your policy.

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<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 6 of 6

# percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.



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Re: <POLICY NUMBER>
Form Number: <FORM NUM>

Dear <INSURED NAME>:

As a valued State Farm® customer, we are proud to serve your insurance and financial services needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

As the costs of Long-Term care and the frequency of LTCI claims continue to rise, Long-Term Care Insurance providers are faced with pricing challenges. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long-Term Care Insurance policy premium will increase.

This increase will be taken over <TOTAL YEARS> years. This letter is for the <YEAR> year of the increase. Depending on policy benefits, some policyholders will not receive all <TOTAL YEARS> years of increases. Based on your policy's current benefit selections, your policy will receive <NUMBER OF INCREASES> premium increases for an overall rate increase of <OVERALL RATE INCREASE>%. Therefore, a premium increase will be applied and effective at your next policy <ANNIVERSARY OR RENEWAL>.

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We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability. Available options may not be of equal value.

Your current benefit selections include:

<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 2 of 5

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Yes, the rate increase will apply to the state in which the policy was issued.

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<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 4 of 5

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<POLICYHOLDER NAME> <POLICY NUMBER> <DATE> Page 5 of 5

additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

NAME: LONG-TERM CARE COVERAGE CHANGE)

(ADDED: 04-09-15) (CARBON COPIES: 2) (DISPLAY LETTER: Y) <CURRENT DATE>

- <INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Dear <INSURED LAST NAME>:

<BEGIN BODY>

The enclosed policy schedule reflects a recent change that has been made to your Long Term Care policy.

At your request the following change(s) has(ve) been made:

<@ELIMINATION PERIOD>

The elimination period has been changed to <ELIM PERIOD> days.

<@DAILY BENEFIT>

The daily benefit has been changed to \$<BEN AMT>.

## <@BENEFIT PERIOD>

The benefit period has been changed to <BEN PERIOD>.

## <@AUTOMATIC INC REMOVED>

The Automatic Increase Rider has been removed. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

## <@RIDER CHANGE>

The <ORIGINAL RIDER> rider has been changed to <NEW RIDER>. The daily benefit amount has been revised to \$<NEW BEN AMT>.

## <@CONTINGENT BENEFIT OFFER>

The Contingent Benefit Offer has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

## <@NONFORFEITURE REMOVED>

The Non-Forfeiture Rider has been removed.

## <@FUTURE PURCHASE OPTION>

The Future Purchase Option has been accepted. The new/adjusted daily benefit amount is \$<NEW BEN AMT>.

## <@RATE CLASS CHANGE>

The Rate Class has been changed to Preferred.

Please place the new Policy Schedule and a copy of this letter with your policy.

If you have any questions, please contact your State Farm agent.

<END OF BODY>

Sincerely,

Policyholder Service
Health Insurance Division
<#CO NAME 1><#CO NAME 2><#CO NAME 3>

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>



June 2, 2014

Dear Ms. Houser,

This letter is in response to your objection dated May 8, 2014.

1. We do not understand the revised morbidity assumption. The actuarial memorandum states the source is the 2011 Milliman Cost Guidelines. "These claim costs ... were adjusted based on actual experience". The actual to expected experience supplied in your last response shows an overall fit of 95%. However, the fits by attained age, gender or durations are poor. Please confirm the expected basis reflects the revised assumptions including selection. We appreciate there are credibility issues in the splits, but we believe a much better fit could have been accomplished. For instance, for ages 70-79 you show more than \$160 million in claims, but the A to E (both genders combined) is 171%. Are we incorrectly interpreting the data you sent? We are concerned that the revised morbidity assumption is not a good reflection of expected future claim experience.

The morbidity assumption fits in aggregate. Given that these rates are not gender distinct we do not believe it is appropriate to adjust them by gender. We recognize that it would be possible to get more refined in the morbidity assumption. However, we do not believe this would significantly impact the indicated rate need. Additionally, the proposed rates are capped at new business rates that we feel are appropriate by each of the rating characteristics.

- 2. What was the expected loss ratio in the original filing of this form?
  - In the original filing, the expected loss ratio was stated as follows: "The expected loss ratio for this policy is expected to be in excess of 65% on a representative block of business, over a reasonable period of time."
- 3. Please complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.
  - The rate summary form and accompanying narrative has been attached with this response.
- 4. So that we may give this further consideration, please review the attached NAIC's Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet

adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response. Since this filing relates to pre-stability policies, please be sure to respond to the requirement to administer contingent benefit upon lapse, the application of new loss ratio standards, and if a single increase of the requested amount is approved, is the company agreeable to not implement future rate increases for the next three years? Is the company is willing to consider implementing an increase over a three year period? Is so, what rate implementation schedule would be needed?

We have reviewed the bulletin and comply with all areas except the following:

- These policies were all issued prior to rate stability and have no contingent nonforfeiture benefit available to them. However, we are open to the method proposed in the current bulletin.
- We have calculated the indicated rate increase using the 60% minimum loss ratio applicable to policies not subject to rate stability. The average indicated rate increase under this methodology is 214%. We have not incorporated the 80% loss ratio requirement applicable to rate increase premium as described in the model bulletin. However, if we did incorporate the 80% loss ratio requirement to rate increase premium, the indicated average rate increase would change from 214% to161% based on nationwide data. Both of these indicated rate changes are well in excess of the requested rate change in this filing.
- 5. This bulletin also has requirements for policyholder letters. Based on that, please amend the letter or respond to the following:
  - a) Provide clear disclosure the quaranteed nature of the policy

Question eight of the 'LTC Customer Q and A' document attached to the policyholder notification letter states the following:

"Long-Term Care insurance premium rates are not guaranteed. We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval)."

b) Please clarify if the contingent benefit after lapse is compliant with the bulletin and

the trigger requirements.

No contingent benefit upon lapse is currently being offered as noted in item 4 above.

c) Available benefit reduction/rate increase mitigation actions are included in the letter

Question two of the 'LTC Customer Q and A' document attached to the policyholder notification letter describes the benefit reduction options available.

d) Offer of contingent benefit upon lapse

Because we are not currently providing the contingent benefit upon lapse to these policyholders (as noted in item 4 above), there is no mention of this benefit in the policyholder notification letter.

6. Previously you indicated that new forms are not used to amend coverage; the premium is adjusted on the current form. Please clarify. Does the company send the insured a new schedule of benefits that reflects the changes in the benefits and in the premium? Please provide evidence this policy was approved with this type of variability.

In the event that a policyholder chooses to reduce their benefits, a new schedule of benefits that reflects the changes in the benefits and in the premiums is provided to the policyholder.

Please let me know if there is any additional information that I can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Enily Ehrsten

Emily Ehrstein, FSA, MAAA Actuarial Analyst State Farm Mutual Automobile Ins. Co. (309) 763-6988



## Consumer Talking Points for SERFF Filing # STLH-129237070

State Farm Insurance has filed for an average rate increase of 37% with the Virginia Bureau of Insurance. The actual increase will vary by issue age, benefit period, elimination period, and inflation option.

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

Please note that due to the historically low interest rate environment, the company is currently experiencing lower than anticipated investment returns on premiums received. However, these investment losses are not being passed along to the policyholder, but are instead being fully absorbed by State Farm.

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Removing an optional rider

While the company recognizes that a rate increase is unwelcome, we feel it is necessary in order to fulfill our contractual obligations so that a policyholder's benefits are available when they need them most.

Long-Term Care Insurance premium rates are not guaranteed, and State Farm anticipates seeking further rate increases in the future as experience continues to emerge.

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS 61710 ACTUARIAL MEMORANDUM – RATE INCREASE

# STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM 97045VA.1 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504VA COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505

## I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in Virginia. This memorandum is not suitable for other purposes.

## II. GENERAL INFORMATION

- A. Type of Policy: These are Individual Tax Qualified Long Term Care Insurance Policies
- B. Renewability: Guaranteed Renewable
- C. Marketing Method: These policies were sold through a captive agency force but are no longer sold
- D. Issue Ages: ages 30 through 84
- E. Average Issue Age of inforce policies: 56

#### III. APPLICABILITY

This filing is applicable to all in-force policies and associated riders issued in Virginia on the above referenced forms. These forms were marketed in Virginia between February 1, 1998 and November 20, 2002. These forms are no longer marketed in any state. As of December 31, 2012, there were 1,142 policies in force on these forms in Virginia and 44,726 nationwide. A similar increase has been filed in all jurisdictions this series of forms were marketed in.

## IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

- A. Form 97045VA.1: This form provides comprehensive Long Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care in a facility after the specified waiting period.
- B. Optional Simple Automatic Increase Benefit Rider Form 99504VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.
- C. Optional Compound Automatic Increase Benefit Rider Form 99505: provides compound automatic benefit increases of 5% for each policy year.

## V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

## VI. MORBIDITY ASSUMPTIONS

Claim costs were developed using 2011 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research and judgment. These claim costs were developed based on the benefits provided under these forms, and were adjusted based on actual experience on these forms.

No future morbidity improvement was assumed in these claim costs.

## VII. MORTALITY ASSUMPTION

Sex distinct mortality was assumed to follow the IAM 2012 Static table with 11 year selection factors, grading from 28% to 91% of the table over those 11 years, with the ultimate factor being 91% in years 11 and beyond. The selection factors for the first 10 years are based on actual mortality results on State Farm's long term care block.

	Assumed Mortality Factor	Actual Mortality Factor	Actual
Duration	As a % of 2012 IAM	As a % of 2012 IAM	Deaths
1	28%	28%	209
2	50%	50%	389
3	58%	58%	457
4	62%	62%	495
5	73%	73%	582
6	68%	68%	554
7	79%	79%	644
8	83%	83%	666
9	91%	91%	670
10	92%	92%	552
11+	91%	95%	820

## VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Voluntary lapse rates are based on our countrywide long term care lapse experience. All policies are in their  $10^{th}$  + year.

The following chart shows our actual lapse rate by duration through Dec. 31, 2011.

Duration	Actual Lapse Rate	Exposures
1	5.85%	61,698
2	4.40%	57,956
3	2.71%	55,194
4	1.86%	53,452
5	1.40%	52,196
6	1.03%	51,151
7	0.84%	50,291

8	0.84%	49,465
9	0.83%	46,423
10+	0.71%	100,943

Lapse rate used for projections in lifetime loss ratio calculation in policy years 11 + = .70%. Ultimate lapse rates assumed in the original pricing were in excess of 4%.

#### IX. HISTORY OF RATE ADJUSTMENTS

On May 9, 2000, we filed new rate tables to be used for new business on these forms. This change was implemented on June 1, 2001.

## X. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to the rate increase is:

Virginia \$1,172 Nationwide \$1,153

The average annual premium for this form and associated riders after the rate increase is:

Virginia \$1,603 Nationwide \$1,355

#### XI. MINIMUM LIFETIME LOSS RATIO

The minimum lifetime loss ratio is 60%.

## XII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide experience is shown in the exhibit entitled Actual and Projected Nationwide Experience. Nationwide experience is used as the basis for determining this rate revision. Projected premiums are shown both with and without the proposed rate increase. A summary of the resulting loss ratios are shown below.

The lifetime loss ratio is calculated as the present value of past and anticipated incurred claims divided by the present value of past and anticipated earned premium. The present values are calculated at 4.5%.

The following table shows the present values of premiums and claims at 4.5%.

	Earned	Earned		Loss	Loss
	Premium	Premium	Incurred	Ratio	Ratio
	w/o Increase	with Increase	Claims	w/o Increase	w increase
Past	\$1,078,926,341	\$1,078,926,341	\$369,655,235	34.3%	34.3%
Anticipated	\$574,308,026	\$746,814,027	\$2,747,922,850	478.5%	368.0%
Lifetime	\$1,653,234,368	\$1,825,740,368	\$3,117,578,085	188.6%	170.8%

## XIII. MAXIMUM ALLOWABLE RATE INCREASE

	<u>Increase</u>
Approach 1: Calculate maximum increase based only on future premium	616%
Approach 2: Calculate maximum increase based on past and future premium	214%

Under Approach 1, if future premiums were increased 616%, the expected lifetime loss ratio would be 60%.

Under Approach 2, if future premiums were increased 214%, the expected lifetime loss ratio would be 108%. However, if premiums had initially been 214% higher, the expected lifetime loss ratio would be 60%. This method of meeting the minimum loss ratio does not allow the company to recoup past losses. This is the method that will be used to justify this rate increase.

## XIV. SUMMARY OF PROPOSED RATE INCREASE

As shown in Approach 2 above, a rate increase of 214% is allowed to bring the lifetime loss ratio to 60%, however we are proposing an overall average increase of 37%.

We are proposing an increase of 40% on most policyholders with the following exceptions:

For all benefit periods and elimination periods, on the base policy form, the following increases will apply:

Issue Age	Proposed Increase
67	39%
68-69	37%
70	32%
71	27%
72	21%
73	14%
74	10%
75	9%
76+	10%

In addition, for policies issued on or after June 1, 2001, with a 5 year benefit period, and 90 day elimination period, the increase on the base policy form will be:

Issue Age	Proposed Increase
46	37%
47	35%
48	37%
49	39%

The purpose of these exceptions is to keep the proposed premiums lower than premiums that are being offered on currently marketed forms.

A table comparing current and proposed rates is included in the supporting documentation (There are some increases that show as 41% or 39% that are due to rounding. No increases are 41%, but may be greater than or equal to 40.5% and round to 41%).

Although a rate increase larger than 37% can be justified at this time, State Farm is not currently seeking a higher increase. This rate increase will enhance premium adequacy, however it will not be sufficient to prevent further rate increases. We will continue to monitor emerging experience and consider further increases in the future.

#### XV. **CERTIFICATION**

I certify that to the best of my knowledge this rate filing is in compliance with the applicable laws and rules of your state, and complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities" and Actuarial Standard of Practice No. 18, "Long-Term Care Insurance".

Sanantha Maniemals October 7, 2013 Samantha Knackmuhs, FSA, MAAA Date

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES

STANDARD RATE PER \$1 OF DAILY BENEFIT

30 Day Elimination Period 90 Day Elimination Period 2 Year Lifetime 2 Year Lifetime Issue 5 Year 5 Year Benefit Period Benefit Period Benefit Period Benefit Period Benefit Period Benefit Period Age 18-29 \$1.15 \$1.85 \$2.39 \$1.04 \$1.67 \$2.21 30-34 1.51 2.44 3.16 1.36 2.18 2.91 35-39 1.96 3.15 4.10 1.76 2.84 3.78 40 2.21 3.56 4.62 1.99 3.21 4.27 41 2.31 3.71 4.83 2.07 3.35 4.45 42 2.42 3.88 5.04 2.17 3.50 4.66 43 2.56 4.10 5.33 2.30 3.70 4.93 44 2.70 4.33 5.63 2.42 3.91 5.21 45 2.84 4.55 5.92 2.55 4.10 5.47 46 2.98 4.77 6.22 5.74 2.67 4.31 47 3.16 5.08 2.84 4.58 6.61 6.10 48 6.93 4.79 3.32 5.31 2.97 6.40 49 3.46 5.54 7.24 3.11 5.00 6.69 50 3.61 5.77 7.56 3.23 5.19 6.99 51 3.75 6.01 7.87 3.37 5.40 7.28 52 3.91 6.23 8.19 3.50 5.61 7.57 53 4.09 6.55 8.67 3.67 5.91 8.01 54 4.28 6.87 9.14 3.84 6.19 8.46 55 4.47 7.20 9.62 4.00 6.48 8.89 56 4.69 7.57 10.18 4.21 6.83 9.41 57 4 97 8.04 10.81 4.47 7.24 10.00 58 5.29 8.54 11.45 4.76 7.70 10.60 59 9.09 5.66 5.08 8.19 11.23 12.14 60 6.05 9.70 12.88 5.43 8.74 11.91 10.39 61 6 48 13 75 5.82 9 35 12.71 62 6.97 11.16 14.76 6.27 10.07 13.65 63 7.48 11.98 15.88 6.72 10.81 14.69 64 7.99 12.84 17.07 7.18 11.58 15.78 65 8.58 13.80 18.41 7.71 12.45 17.02 66 9.28 14.97 19.99 8.34 13.48 18.49 67 10.06 16.28 21.75 9.05 14.66 20.11 68 10.91 9.80 15.91 17.65 23.55 21.78 69 11.99 19.41 25.87 10.77 17.48 23.92 70 12.72 20.63 27.43 11.44 18.59 25.37 71 13.56 22.01 29.18 12.19 19.82 26.99 72 14.36 23.39 12.91 28.57 30.90 21.08 73 15.42 25.24 33.16 13.86 22.74 30.67 74 16.71 27.46 35.92 15.02 24.74 33.21 75 18.36 30.28 39.47 16.50 27.28 36.49 76 20.35 33.66 43.75 18.29 30.33 40.45 77 22.18 36.75 47.65 19.93 33.12 44.07 78 24.99 41.43 37.33 53.71 22.46 49.68 79 27.81 46.10 59.77 24.99 41.54 55.28 80 30.62 50.78 65.84 27.53 45.75 60.87 81 33 45 55 44 71.90 30.06 49 96 66 48

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

36.27

39.08

41.90

82

83

84

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

60.12

64.79

69.47

77.95

84.01

90.07

32.60

35.13

37.66

54.18

58.39

62.59

72.08

77.68

83.29

### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.64	\$0.99	\$1.37	\$0.57	\$0.91	\$1.27
30-34	0.84	1.32	1.81	0.76	1.19	1.68
35-39	1.09	1.71	2.34	0.99	1.54	2.17
40	1.23	1.93	2.65	1.12	1.75	2.45
41	1.29	2.02	2.76	1.16	1.82	2.56
42	1.34	2.10	2.88	1.22	1.90	2.67
43	1.43	2.23	3.05	1.29	2.02	2.83
44	1.50	2.35	3.22	1.36	2.13	2.98
45	1.58	2.48	3.39	1.43	2.24	3.14
46	1.67	2.59	3.56	1.50	2.34	3.29
47	1.76	2.76	3.78	1.60	2.49	3.50
48	1.86	2.97	4.00	1.68	2.67	3.71
49	1.96	3.18	4.24	1.76	2.86	3.92
50	2.04	3.37	4.47	1.86	3.05	4.14
51	2.14	3.58	4.70	1.95	3.23	4.35
52	2.24	3.79	4.93	2.03	3.42	4.56
53	2.37	3.95	5.21	2.14	3.56	4.83
54	2.49	4.12	5.50	2.25	3.71	5.10
55	2.62	4.27	5.78	2.37	3.85	5.36
56	2.76	4.45	6.10	2.48	4.00	5.64
57	2.88	4.65	6.41	2.59	4.19	5.92
58	2.98	4.89	6.71	2.67	4.40	6.20
59	3.07	5.12	6.99	2.76	4.62	6.45
60	3.16	5.38	7.28	2.84	4.86	6.73
61	3.29	5.67	7.62	2.97	5.12	7.04
62	3.47	6.01	8.02	3.11	5.39	7.41
63	3.71	6.34	8.47	3.33	5.70	7.83
64	3.99	6.69	8.97	3.60	6.02	8.30
65	4.31	7.08	9.52	3.88	6.38	8.81
66	4.65	7.50	10.12	4.17	6.78	9.35
67	5.01	7.98	10.78	4.49	7.20	9.97
68	5.35	8.51	11.52	4.82	7.67	10.65
69	5.71	9.07	12.31	5.14	8.19	11.38
70	6.10	9.69	13.16	5.47	8.74	12.17
71	6.50	10.35	14.06	5.84	9.32	12.99
72	6.96	11.05	15.01	6.26	9.94	13.89
73	7.52	11.89	16.11	6.76	10.71	14.91
74	8.08	12.71	17.22	7.27	11.45	15.92
75	8.65	13.54	18.31	7.77	12.19	16.94
76	9.21	14.36	19.42	8.27	12.95	17.96
77	9.77	15.20	20.52	8.78	13.69	18.98
78	10.19	15.81	21.39	9.17	14.24	19.77
79	10.63	16.41	22.26	9.56	14.78	20.58
80	11.06	17.01	23.13	9.94	15.33	21.39
81	11.48	17.63	24.00	10.32	15.88	22.19
82	11.91	18.23	24.88	10.70	16.41	23.00
83	12.35	18.83	25.75	11.09	16.95	23.80
84	12.77	19.43	26.61	11.48	17.51	24.60

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.40	\$2.13	\$2.77	\$1.26	\$1.92	\$2.58
30-34	1.83	2.81	3.65	1.67	2.53	3.39
35-39	2.39	3.64	4.75	2.16	3.28	4.40
40	2.70	4.12	5.36	2.44	3.71	4.96
41	2.81	4.30	5.59	2.53	3.86	5.17
42	2.94	4.49	5.85	2.65	4.05	5.40
43	3.11	4.75	6.19	2.80	4.27	5.73
44	3.28	5.01	6.52	2.95	4.51	6.03
45	3.46	5.28	6.86	3.11	4.75	6.36
46	3.63	5.53	7.21	3.26	4.98	6.66
47	3.85	5.88	7.66	3.47	5.29	7.08
48	3.93	6.08	7.98	3.54	5.47	7.39
49	4.02	6.29	8.32	3.61	5.66	7.69
50	4.09	6.48	8.64	3.70	5.84	7.99
51	4.17	6.69	8.97	3.77	6.02	8.29
52	4.26	6.89	9.30	3.84	6.20	8.60
53	4.38	7.10	9.58	3.95	6.40	8.85
54	4.52	7.32	9.84	4.07	6.59	9.11
55	4.65	7.53	10.12	4.19	6.79	9.37
56	4.80	7.77	10.42	4.33	7.00	9.63
57	4.94	8.01	10.72	4.45	7.22	9.91
58	5.07	8.23	11.07	4.56	7.42	10.23
59	5.18	8.46	11.40	4.65	7.62	10.54
60	5.29	8.68	11.77	4.76	7.83	10.88
61	5.46	8.95	12.17	4.90	8.08	11.26
62	5.66	9.31	12.66	5.08	8.37	11.69
63	5.94	9.74	13.17	5.33	8.76	12.18
64	6.24	10.23	13.75	5.61	9.21	12.73
65	6.59	10.78	14.38	5.92	9.72	13.30
66	6.97	11.35	15.06	6.26	10.23	13.92
67	7.36	11.94	15.79	6.62	10.77	14.60
68	7.77	12.54	16.58	6.99	11.30	15.33
69	8.19	13.16	17.42	7.38	11.87	16.11
70	8.65	13.82	18.31	7.77	12.45	16.94
71	9.10	14.49	19.25	8.18	13.06	17.81
72	9.60	15.20	20.24	8.62	13.71	18.73
73	10.15	16.03	21.38	9.13	14.45	19.77
74	10.70	16.84	22.50	9.62	15.18	20.80
75	11.26	17.65	23.62	10.11	15.92	21.85
76	11.80	18.47	24.74	10.61	16.65	22.89
77	12.35	19.29	25.89	11.10	17.37	23.93
78	12.64	19.66	26.45	11.37	17.71	24.44
79	12.95	20.03	27.02	11.65	18.06	24.98
80	13.24	20.41	27.58	11.90	18.40	25.51
81	13.54	20.79	28.15	12.17	18.73	26.04
82	13.83	21.17	28.73	12.43	19.07	26.57
83	14.13	21.55	29.30	12.70	19.40	27.10
84	14.43	21.91	29.88	12.96	19.75	27.62

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001

## LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

30 Day Elimination Period		90 Day Elimination Period				
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.98	\$1.57	\$2.03	\$0.88	\$1.41	\$1.88
30-34	1.29	2.07	2.69	1.15	1.86	2.48
35-39	1.67	2.67	3.49	1.50	2.42	3.22
40	1.88	3.02	3.93	1.69	2.73	3.63
41	1.96	3.15	4.10	1.76	2.84	3.78
42	2.06	3.30	4.28	1.85	2.98	3.96
43	2.18	3.49	4.54	1.95	3.15	4.19
44	2.30	3.68	4.79	2.06	3.32	4.42
45	2.42	3.86	5.04	2.17	3.49	4.66
46	2.53	4.06	5.29	2.27	3.67	4.89
47	2.69	4.33	5.61	2.42	3.89	5.19
48	2.83	4.51	5.89	2.52	4.07	5.45
49	2.94	4.72	6.16	2.65	4.26	5.70
50	3.07	4.90	6.43	2.74	4.42	5.94
51	3.19	5.11	6.69	2.87	4.59	6.19
52	3.32	5.29	6.97	2.98	4.77	6.44
53	3.47	5.57	7.36	3.12	5.03	6.80
54	3.64	5.85	7.77	3.26	5.26	7.20
55	3.79	6.12	8.18	3.40	5.52	7.56
56	3.99	6.44	8.65	3.58	5.81	8.01
57	4.23	6.83	9.20	3.79	6.16	8.50
58	4.49	7.27	9.74	4.05	6.55	9.02
59	4.82	7.73	10.32	4.33	6.97	9.55
60	5.14	8.25	10.95	4.62	7.43	10.14
61	5.52	8.83	11.69	4.96	7.95	10.81
62	5.94	9.49	12.54	5.33	8.55	11.61
63	6.36	10.19	13.50	5.71	9.20	12.49
64	6.80	10.92	14.52	6.10	9.84	13.41
65	7.29	11.75	15.65	6.57	10.58	14.48
66	7.90	12.73	17.00	7.10	11.47	15.72
67	8.55	13.84	18.49	7.69	12.46	17.09
68	9.27	15.00	20.02	8.33	13.52	18.51
69	10.19	16.50	21.99	9.15	14.86	20.33
70	10.81	17.54	23.32	9.72	15.80	21.56
71	11.53	18.71	24.80	10.36	16.85	22.94
72	12.21	19.88	26.27	10.97	17.92	24.28
73	13.11	21.45	28.19	11.78	19.33	26.07
74	14.20	23.34	30.53	12.77	21.03	28.23
75	15.61	25.74	33.55	14.03	23.19	31.02
76	17.30	28.61	37.19	15.55	25.78	34.38
77	18.85	31.24	40.50	16.94	28.15	37.46
78	21.24	35.22	45.65	19.09	31.73	42.23
79	23.64	39.19	50.80	21.24	35.31	46.99
80	26.03	43.16	55.96	23.40	38.89	51.74
81	28.43	47.12	61.12	25.55	42.47	56.51
82	30.83	51.10	66.26	27.71	46.05	61.27
83	33.22	55.07	71.41	29.86	49.63	66.03
84	35.62	59.05	76.56	32.01	53.20	70.80
04	33.04	37.03	70.50	32.01	33.20	70.00

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS OPOSED PATES FOR POLICIES EFFECTIVE PRIOR TO HAVE 1, 20

### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		90 I	90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.55	\$0.84	\$1.16	\$0.49	\$0.77	\$1.08
30-34	0.71	1.12	1.54	0.64	1.01	1.43
35-39	0.92	1.46	1.99	0.84	1.32	1.85
40	1.05	1.64	2.25	0.95	1.48	2.09
41	1.09	1.71	2.35	0.99	1.55	2.18
42	1.15	1.79	2.45	1.04	1.62	2.27
43	1.22	1.89	2.59	1.09	1.71	2.41
44	1.27	2.00	2.74	1.15	1.81	2.53
45	1.34	2.11	2.88	1.22	1.90	2.67
46	1.41	2.20	3.02	1.27	1.99	2.80
47	1.50	2.35	3.22	1.36	2.11	2.98
48	1.58	2.52	3.40	1.43	2.27	3.15
49	1.67	2.70	3.61	1.50	2.42	3.33
50	1.74	2.87	3.79	1.58	2.59	3.53
51	1.82	3.05	4.00	1.65	2.74	3.70
52	1.90	3.22	4.19	1.72	2.91	3.88
53	2.02	3.36	4.42	1.82	3.02	4.10
54	2.11	3.50	4.68	1.92	3.15	4.34
55	2.23	3.63	4.91	2.02	3.28	4.56
56	2.35	3.78	5.19	2.11	3.40	4.80
57	2.45	3.95	5.46	2.20	3.56	5.04
58	2.53	4.16	5.70	2.27	3.74	5.28
59	2.60	4.35	5.94	2.35	3.93	5.49
60	2.69	4.58	6.19	2.42	4.13	5.73
61	2.80	4.82	6.48	2.52	4.35	5.99
62	2.95	5.11	6.82	2.65	4.58	6.30
63	3.15	5.39	7.21	2.83	4.84	6.65
64	3.39	5.70	7.63	3.07	5.12	7.06
65	3.67	6.02	8.09	3.30	5.43	7.49
66	3.95	6.38	8.61	3.54	5.77	7.95
67	4.26	6.79	9.17	3.82	6.12	8.48
68	4.55	7.24	9.80	4.10	6.52	9.06
69	4.86	7.71	10.47	4.37	6.97	9.67
70	5.19	8.25	11.19	4.66	7.43	10.35
71	5.53	8.79	11.96	4.97	7.92	11.05
72	5.92	9.39	12.77	5.32	8.46	11.82
73	6.40	10.11	13.71	5.75	9.11	12.68
74	6.87	10.81	14.64	6.17	9.74	13.54
75	7.36	11.51	15.57	6.61	10.37	14.41
76	7.84	12.22	16.52	7.04	11.02	15.27
77	8.32	12.94	17.46	7.46	11.65	16.14
78	8.67	13.44	18.20	7.80	12.11	16.81
79	9.04	13.96	18.93	8.13	12.11	17.50
80	9.41	14.46	19.67	8.46	13.03	18.20
81	9.76	14.99	20.41	8.78	13.50	18.87
82	10.14	15.50	21.15	9.10	13.96	19.56
83	10.50	16.02	21.13	9.44	14.42	20.24
84	10.86	16.52	22.64	9.44 9.76	14.42	20.24
04	10.00	10.54	44.04	9.70	14.70	20.72

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

## BLOOMINGTON, ILLINOIS

### PROPOSED RATES FOR POLICIES EFFECTIVE PRIOR TO JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 Day Elimination Period		90 Day Elimination Period			
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.19	\$1.81	\$2.35	\$1.08	\$1.64	\$2.18
30-34	1.55	2.39	3.11	1.41	2.16	2.88
35-39	2.03	3.09	4.03	1.83	2.79	3.74
40	2.30	3.50	4.56	2.07	3.15	4.21
41	2.39	3.65	4.75	2.16	3.29	4.40
42	2.51	3.82	4.97	2.25	3.44	4.59
43	2.65	4.03	5.26	2.38	3.63	4.87
44	2.79	4.26	5.54	2.51	3.84	5.14
45	2.94	4.49	5.84	2.65	4.03	5.40
46	3.08	4.70	6.13	2.77	4.24	5.67
47	3.28	5.00	6.51	2.95	4.49	6.02
48	3.35	5.17	6.79	3.01	4.66	6.29
49	3.42	5.35	7.07	3.07	4.82	6.54
50	3.47	5.52	7.35	3.15	4.97	6.80
51	3.54	5.70	7.63	3.21	5.12	7.04
52	3.63	5.85	7.91	3.26	5.28	7.31
53	3.72	6.03	8.15	3.36	5.45	7.52
54	3.85	6.23	8.37	3.46	5.61	7.76
55	3.95	6.41	8.61	3.56	5.77	7.97
56	4.09	6.61	8.86	3.68	5.95	8.19
57	4.20	6.80	9.11	3.78	6.15	8.43
58	4.31	7.00	9.42	3.88	6.31	8.71
59	4.41	7.20	9.69	3.95	6.48	8.96
60	4.49	7.38	10.01	4.05	6.65	9.25
61	4.65	7.60	10.35	4.17	6.87	9.58
62	4.82	7.92	10.77	4.33	7.13	9.94
63	5.05	8.29	11.20	4.54	7.45	10.36
64	5.31	8.71	11.69	4.77	7.84	10.82
65	5.61	9.17	12.22	5.04	8.26	11.31
66	5.94	9.66	12.81	5.32	8.71	11.83
67	6.26	10.15	13.43	5.63	9.16	12.42
68	6.61	10.67	14.10	5.94	9.60	13.03
69	6.97	11.19	14.81	6.27	10.09	13.71
70	7.36	11.75	15.57	6.61	10.58	14.41
71	7.74	12.32	16.37	6.96	11.10	15.15
72	8.16	12.94	17.22	7.34	11.66	15.93
73	8.64	13.64	18.19	7.77	12.29	16.81
74	9.10	14.32	19.14	8.18	12.91	17.70
75	9.58	15.01	20.09	8.60	13.54	18.59
76	10.04	15.71	21.04	9.03	14.15	19.47
77	10.50	16.41	22.02	9.44	14.77	20.34
78	10.75	16.72	22.50	9.67	15.06	20.79
79	11.02	17.04	22.97	9.91	15.36	21.24
80	11.27	17.36	23.45	10.12	15.65	21.70
81	11.51	17.68	23.94	10.35	15.03	22.15
82	11.76	18.00	24.43	10.57	16.21	22.60
83	12.01	18.33	24.92	10.79	16.51	23.06
84	12.28	18.63	25.41	11.03	16.80	23.49
01	12.20	10.05	23.11	11.03	10.00	23.17

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

	30 D	Day Elimination P	eriod	90 D	ay Elimination Po	eriod
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.26	\$2.04	\$2.67	\$1.13	\$1.83	\$2.46
30-34	\$1.67	\$2.70	\$3.53	\$1.50	\$2.44	\$3.28
35-39	\$2.16	\$3.50	\$4.56	\$1.93	\$3.15	\$4.23
40	\$2.42	\$3.95	\$5.15	\$2.18	\$3.56	\$4.77
41	\$2.55	\$4.13	\$5.39	\$2.28	\$3.72	\$5.00
42	\$2.65	\$4.30	\$5.61	\$2.38	\$3.88	\$5.21
43	\$2.80	\$4.55	\$5.95	\$2.52	\$4.10	\$5.50
44	\$2.95	\$4.80	\$6.27	\$2.66	\$4.33	\$5.81
45	\$3.11	\$5.05	\$6.59	\$2.80	\$4.55	\$6.10
46	\$3.26	\$5.31	\$6.93	\$2.94	\$4.67	\$6.41
47	\$3.47	\$5.64	\$7.36	\$3.12	\$4.90	\$6.82
48	\$3.65	\$5.91	\$7.73	\$3.28	\$5.20	\$7.15
49	\$3.82	\$6.17	\$8.09	\$3.44	\$5.53	\$7.49
50	\$4.00	\$6.45	\$8.44	\$3.60	\$5.81	\$7.81
51	\$4.17	\$6.72	\$8.81	\$3.77	\$6.06	\$8.15
52	\$4.35	\$6.99	\$9.17	\$3.92	\$6.30	\$8.48
53	\$4.56	\$7.32	\$9.66	\$4.10	\$6.59	\$8.93
54	\$4.77	\$7.67	\$10.19	\$4.28	\$6.92	\$9.42
55	\$5.00	\$8.06	\$10.77	\$4.49	\$7.27	\$9.95
56	\$5.26	\$8.51	\$11.40	\$4.73	\$7.66	\$10.54
57	\$5.59	\$9.03	\$12.11	\$5.01	\$8.13	\$11.20
58	\$5.95	\$9.60	\$12.87	\$5.35	\$8.65	\$11.90
59	\$6.36	\$10.23	\$13.65	\$5.71	\$9.23	\$12.63
60	\$6.80	\$10.93	\$14.53	\$6.12	\$9.86	\$13.44
61	\$7.31	\$11.73	\$15.53	\$6.57	\$10.57	\$14.36
62	\$7.87	\$12.63	\$16.70	\$7.07	\$11.38	\$15.44
63	\$8.43	\$13.55	\$17.95	\$7.57	\$12.21	\$16.60
64	\$8.99	\$14.49	\$19.26	\$8.08	\$13.06	\$17.82
65	\$9.62	\$15.55	\$20.76	\$8.65	\$14.03	\$19.19
66	\$10.42	\$16.88	\$22.57	\$9.37	\$15.22	\$20.87
67	\$11.38	\$18.45	\$24.63	\$10.23	\$16.61	\$22.78
68	\$12.45	\$20.13	\$26.84	\$11.19	\$18.14	\$24.81
69	\$13.85	\$22.32	\$29.66	\$12.45	\$20.11	\$27.43
70	\$14.89	\$23.91	\$31.67	\$13.38	\$21.54	\$29.29
71	\$16.00	\$25.68	\$33.90	\$14.39	\$23.14	\$31.34
72	\$17.06	\$27.43	\$36.07	\$15.34	\$24.71	\$33.35
73	\$18.38	\$29.72	\$38.89	\$16.52	\$26.78	\$35.96
74	\$19.94	\$32.43	\$42.25	\$17.93	\$29.22	\$39.07
75	\$21.95	\$35.84	\$46.55	\$19.73	\$32.30	\$43.04
76	\$24.37	\$39.92	\$51.71	\$21.90	\$35.97	\$47.82
77	\$26.59	\$43.66	\$56.44	\$23.89	\$39.34	\$52.20
78	\$29.96	\$49.21	\$63.61	\$26.93	\$44.34	\$58.83
79	\$33.34	\$54.76	\$70.80	\$29.98	\$49.35	\$65.46
80	\$36.72	\$60.31	\$77.97	\$33.01	\$54.35	\$72.09
81	\$40.11	\$65.87	\$85.14	\$36.05	\$59.35	\$78.74
82	\$43.48	\$71.41	\$92.32	\$39.08	\$64.35	\$85.37
83	\$46.86	\$76.97	\$99.50	\$42.12	\$69.36	\$92.00
84	\$50.25	\$82.51	\$106.67	\$45.17	\$74.36	\$98.64

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

		Oay Elimination P			ay Elimination P	
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.78	\$1.32	\$1.85	\$0.70	\$1.19	\$1.71
30-34	\$1.04	\$1.74	\$2.44	\$0.92	\$1.57	\$2.24
35-39	\$1.33	\$2.24	\$3.15	\$1.19	\$2.03	\$2.91
40	\$1.51	\$2.53	\$3.56	\$1.36	\$2.30	\$3.29
41	\$1.58	\$2.65	\$3.71	\$1.41	\$2.39	\$3.43
42	\$1.65	\$2.77	\$3.88	\$1.47	\$2.51	\$3.58
43	\$1.74	\$2.93	\$4.10	\$1.57	\$2.65	\$3.79
44	\$1.83	\$3.09	\$4.33	\$1.65	\$2.79	\$3.99
45	\$1.93	\$3.25	\$4.55	\$1.74	\$2.94	\$4.20
46	\$2.03	\$3.40	\$4.77	\$1.82	\$3.08	\$4.41
47	\$2.16	\$3.63	\$5.08	\$1.93	\$3.28	\$4.69
48	\$2.25	\$3.82	\$5.31	\$2.02	\$3.46	\$4.89
49	\$2.35	\$4.02	\$5.52	\$2.10	\$3.63	\$5.10
50	\$2.44	\$4.23	\$5.74	\$2.20	\$3.81	\$5.29
51	\$2.53	\$4.42	\$5.95	\$2.28	\$3.98	\$5.50
52	\$2.63	\$4.62	\$6.17	\$2.37	\$4.16	\$5.70
53	\$2.76	\$4.83	\$6.48	\$2.48	\$4.35	\$5.99
54	\$2.90	\$5.01	\$6.83	\$2.62	\$4.52	\$6.31
55	\$3.07	\$5.21	\$7.21	\$2.74	\$4.70	\$6.66
56	\$3.22	\$5.43	\$7.60	\$2.88	\$4.90	\$7.03
57	\$3.36	\$5.68	\$7.99	\$3.02	\$5.12	\$7.39
58	\$3.49	\$5.98	\$8.37	\$3.14	\$5.39	\$7.74
59	\$3.58	\$6.30	\$8.75	\$3.22	\$5.67	\$8.09
60	\$3.70	\$6.64	\$9.14	\$3.32	\$5.98	\$8.44
61	\$3.84	\$6.99	\$9.58	\$3.44	\$6.30	\$8.85
62	\$4.03	\$7.39	\$10.09	\$3.63	\$6.66	\$9.34
63	\$4.28	\$7.83	\$10.70	\$3.86	\$7.06	\$9.88
64	\$4.61	\$8.29	\$11.33	\$4.13	\$7.46	\$10.47
65	\$4.96	\$8.79	\$12.03	\$4.45	\$7.91	\$11.13
66	\$5.33	\$9.32	\$12.81	\$4.79	\$8.40	\$11.84
67	\$5.70	\$9.94	\$13.69	\$5.12	\$8.97	\$12.66
68	\$6.09	\$10.64	\$14.64	\$5.47	\$9.58	\$13.54
69	\$6.50	\$11.37	\$15.68	\$5.84	\$10.23	\$14.50
70	\$6.90	\$12.17	\$16.81	\$6.20	\$10.96	\$15.54
71	\$7.36	\$13.03	\$18.03	\$6.62	\$11.75	\$16.67
72	\$7.88	\$13.99	\$19.36	\$7.07	\$12.61	\$17.92
73	\$8.51	\$15.19	\$21.04	\$7.64	\$13.69	\$19.46
74	\$9.16	\$16.37	\$22.71	\$8.23	\$14.76	\$21.00
75	\$9.80	\$17.57	\$24.37	\$8.82	\$15.82	\$22.55
76	\$10.46	\$18.75	\$26.04	\$9.39	\$16.90	\$24.09
77	\$11.09	\$19.95	\$27.72	\$9.97	\$17.98	\$25.62
78	\$11.54	\$20.86	\$29.11	\$10.37	\$18.80	\$26.92
79	\$11.98	\$21.78	\$30.49	\$10.77	\$19.63	\$28.21
80	\$12.45	\$22.69	\$31.89	\$11.17	\$20.44	\$29.50
81	\$12.88	\$23.60	\$33.28	\$11.58	\$21.28	\$30.77
82	\$13.33	\$24.53	\$34.66	\$11.98	\$22.11	\$32.06
83	\$13.78	\$25.45	\$36.06	\$12.39	\$22.93	\$33.35
84	\$14.21	\$26.38	\$37.45	\$12.78	\$23.76	\$34.64

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES STANDARD RATE PER \$1 OF DAILY BENEFIT

Septe		30 D	oay Elimination Po	eriod	90 D	oay Elimination Pe	eriod
18-29	Issue		•			•	
18-29							
30-34         \$2.13         \$3.5.7         \$4.63         \$6.26         \$2.48         \$4.17         \$5.78           40         \$3.12         \$5.22         \$7.06         \$2.80         \$4.70         \$6.52           41         \$3.26         \$5.45         \$7.36         \$2.93         \$4.91         \$6.80           42         \$3.42         \$5.71         \$7.71         \$3.07         \$5.15         \$7.13           43         \$3.61         \$6.03         \$8.15         \$3.23         \$5.43         \$7.53           44         \$3.81         \$6.37         \$8.60         \$3.42         \$5.74         \$7.93           45         \$4.00         \$6.69         \$9.04         \$3.58         \$6.03         \$8.87           45         \$4.00         \$6.67         \$9.51         \$3.77         \$6.34         \$8.78           46         \$4.20         \$7.04         \$9.51         \$3.77         \$6.34         \$8.78           47         \$4.47         \$7.48         \$10.09         \$4.00         \$6.73         \$9.32           48         \$4.58         \$7.90         \$10.72         \$4.21         \$7.11         \$9.91           50         \$4.82         \$8.0	-						· · · · · · · · · · · · · · · · · · ·
\$3-39 \$2.77 \$4.63 \$6.26 \$2.48 \$4.17 \$5.78 \$40 \$3.12 \$5.22 \$7.06 \$2.80 \$4.70 \$6.52 \$41 \$3.26 \$5.45 \$7.36 \$2.80 \$4.70 \$6.52 \$41 \$3.26 \$5.45 \$7.36 \$2.80 \$4.70 \$6.52 \$41 \$3.26 \$5.45 \$7.36 \$2.80 \$4.70 \$6.52 \$41 \$6.80 \$4.70 \$6.80 \$42 \$3.42 \$5.71 \$7.71 \$3.07 \$5.15 \$7.13 \$3.37 \$5.15 \$7.13 \$3.31 \$3.61 \$6.03 \$8.15 \$3.23 \$5.43 \$7.53 \$44 \$3.81 \$6.37 \$8.60 \$3.42 \$5.74 \$7.95 \$45 \$4.00 \$6.69 \$9.04 \$3.58 \$6.03 \$8.34 \$46 \$4.20 \$7.04 \$9.51 \$3.77 \$6.34 \$8.78 \$47 \$4.47 \$7.48 \$10.09 \$4.00 \$6.73 \$9.32 \$48 \$4.58 \$7.69 \$10.42 \$4.12 \$6.92 \$9.62 \$9.62 \$49 \$4.70 \$7.90 \$10.72 \$4.21 \$7.11 \$9.91 \$50 \$4.82 \$8.09 \$11.05 \$4.33 \$7.29 \$10.21 \$51 \$4.94 \$8.30 \$11.35 \$4.42 \$7.49 \$10.50 \$52 \$5.05 \$8.51 \$11.68 \$4.54 \$7.67 \$10.79 \$53 \$5.19 \$8.76 \$12.00 \$4.68 \$7.90 \$11.10 \$54 \$3.58 \$8.31 \$11.40 \$55 \$5.54 \$9.30 \$12.67 \$4.88 \$8.37 \$11.17 \$55 \$5.55 \$5.54 \$9.30 \$12.67 \$4.98 \$8.37 \$11.17 \$56 \$56 \$5.71 \$9.55 \$13.30 \$51.44 \$8.60 \$13.43 \$52.99 \$8.88 \$12.40 \$57 \$9.50 \$10.42 \$14.25 \$6.92 \$9.62 \$10.71 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.93 \$11.10 \$14.70 \$5.63 \$9.94 \$13.10 \$14.70 \$14.25 \$9.55 \$9.38 \$13.17 \$60 \$6.27 \$10.71 \$14.70 \$5.63 \$9.95 \$10.33 \$14.60 \$6.27 \$10.71 \$14.70 \$5.63 \$9.95 \$10.33 \$14.60 \$6.27 \$10.71 \$14.70 \$5.63 \$9.95 \$10.33 \$14.60 \$6.27 \$10.71 \$14.70 \$5.63 \$9.95 \$10.33 \$14.60 \$6.27 \$10.71 \$14.70 \$5.63 \$9.95 \$11.90 \$16.62 \$6.65 \$11.47 \$15.79 \$5.98 \$10.33 \$14.60 \$6.27 \$10.71 \$14.70 \$5.63 \$9.95 \$11.90 \$16.62 \$7.67 \$13.22 \$17.96 \$6.89 \$11.90 \$16.62 \$7.67 \$13.22 \$17.96 \$6.89 \$11.90 \$16.62 \$7.72 \$12.21 \$11.93 \$11.93 \$11.94 \$12.78 \$15.79 \$10.33 \$14.60 \$14.25 \$12.25 \$17.96 \$18.30 \$13.37 \$11.40 \$11.30 \$11.30 \$11.40 \$11							
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54         \$5.36         \$9.03         \$12.32         \$4.83         \$8.13         \$11.40           55         \$5.54         \$9.30         \$12.67         \$4.98         \$8.37         \$11.72           56         \$5.71         \$9.56         \$13.03         \$5.14         \$8.62         \$12.05           57         \$5.87         \$9.86         \$13.43         \$5.29         \$8.88         \$12.40           58         \$6.02         \$10.14         \$13.83         \$5.40         \$9.14         \$12.78           59         \$6.13         \$10.42         \$14.25         \$5.52         \$9.38         \$13.17           60         \$6.27         \$10.71         \$14.70         \$5.63         \$9.65         \$13.59           61         \$6.43         \$11.03         \$15.20         \$5.78         \$9.95         \$14.06           62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$	53						
55         \$5.54         \$9.30         \$12.67         \$4.98         \$8.37         \$11.72           56         \$5.71         \$9.56         \$13.03         \$5.14         \$8.62         \$12.05           57         \$5.87         \$9.86         \$13.43         \$5.29         \$8.88         \$12.40           58         \$6.02         \$10.14         \$13.83         \$5.40         \$9.14         \$12.78           59         \$6.13         \$10.42         \$14.25         \$5.52         \$9.38         \$13.17           60         \$6.27         \$10.71         \$14.70         \$5.63         \$9.65         \$13.59           61         \$6.43         \$11.03         \$15.20         \$5.78         \$9.95         \$14.06           62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           67         \$8.48 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
56         \$5.71         \$9.56         \$13.03         \$5.14         \$8.62         \$12.05           57         \$5.87         \$9.86         \$13.43         \$5.29         \$8.88         \$12.40           58         \$6.02         \$10.14         \$13.83         \$5.40         \$9.14         \$12.78           59         \$6.13         \$10.42         \$14.25         \$5.52         \$9.38         \$13.17           60         \$6.27         \$10.71         \$14.70         \$5.63         \$9.65         \$13.59           61         \$6.43         \$11.03         \$15.20         \$5.78         \$9.95         \$14.06           62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.63         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         <	55						
57         \$5.87         \$9.86         \$13.43         \$5.29         \$8.88         \$12.40           58         \$6.02         \$10.14         \$13.83         \$5.40         \$9.14         \$12.78           59         \$6.13         \$10.42         \$14.25         \$5.52         \$9.38         \$13.17           60         \$6.27         \$10.71         \$14.70         \$5.63         \$9.65         \$13.59           61         \$6.43         \$11.03         \$15.20         \$5.78         \$9.95         \$14.06           62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93							
58         \$6.02         \$10.14         \$13.83         \$5.40         \$9.14         \$12.78           59         \$6.13         \$10.42         \$14.25         \$5.52         \$9.38         \$13.17           60         \$6.27         \$10.71         \$14.70         \$5.63         \$9.65         \$13.59           61         \$6.43         \$11.03         \$15.20         \$5.78         \$9.95         \$14.06           62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39	57	\$5.87					
59         \$6.13         \$10.42         \$14.25         \$5.52         \$9.38         \$13.17           60         \$6.27         \$10.71         \$14.70         \$5.63         \$9.65         \$13.59           61         \$6.43         \$11.03         \$15.20         \$5.78         \$9.95         \$14.06           62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87							
60         \$6.27         \$10.71         \$14.70         \$5.63         \$9.65         \$13.59           61         \$6.43         \$11.03         \$15.20         \$5.78         \$9.95         \$14.06           62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.93							
62         \$6.65         \$11.47         \$15.79         \$5.98         \$10.33         \$14.60           63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56 <td>60</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	60						
63         \$6.93         \$11.98         \$16.46         \$6.24         \$10.79         \$15.22           64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21 </td <td>61</td> <td>\$6.43</td> <td>\$11.03</td> <td>\$15.20</td> <td>\$5.78</td> <td>\$9.95</td> <td>\$14.06</td>	61	\$6.43	\$11.03	\$15.20	\$5.78	\$9.95	\$14.06
64         \$7.28         \$12.57         \$17.18         \$6.54         \$11.33         \$15.88           65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85	62	\$6.65	\$11.47	\$15.79	\$5.98	\$10.33	\$14.60
65         \$7.67         \$13.22         \$17.96         \$6.89         \$11.90         \$16.62           66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.	63	\$6.93	\$11.98	\$16.46	\$6.24	\$10.79	\$15.22
66         \$8.08         \$13.92         \$18.84         \$7.25         \$12.53         \$17.42           67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$1	64	\$7.28	\$12.57	\$17.18	\$6.54	\$11.33	\$15.88
67         \$8.48         \$14.63         \$19.80         \$7.63         \$13.20         \$18.30           68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78	65	\$7.67	\$13.22	\$17.96	\$6.89	\$11.90	\$16.62
68         \$8.93         \$15.40         \$20.83         \$8.02         \$13.87         \$19.28           69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79 <t< td=""><td>66</td><td>\$8.08</td><td>\$13.92</td><td>\$18.84</td><td>\$7.25</td><td>\$12.53</td><td>\$17.42</td></t<>	66	\$8.08	\$13.92	\$18.84	\$7.25	\$12.53	\$17.42
69         \$9.39         \$16.20         \$21.97         \$8.44         \$14.59         \$20.31           70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80	67	\$8.48	\$14.63	\$19.80	\$7.63	\$13.20	\$18.30
70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81	68	\$8.93	\$15.40	\$20.83	\$8.02	\$13.87	\$19.28
70         \$9.87         \$17.04         \$23.18         \$8.86         \$15.34         \$21.42           71         \$10.39         \$17.93         \$24.47         \$9.32         \$16.17         \$22.62           72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81	69	\$9.39	\$16.20	\$21.97	\$8.44	\$14.59	\$20.31
72         \$10.93         \$18.91         \$25.87         \$9.81         \$17.07         \$23.93           73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83	70	\$9.87	\$17.04	\$23.18		\$15.34	\$21.42
73         \$11.56         \$20.12         \$27.55         \$10.39         \$18.13         \$25.48           74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83         \$15.86         \$28.71         \$40.47         \$14.25         \$25.87         \$37.42	71	\$10.39	\$17.93	\$24.47	\$9.32	\$16.17	\$22.62
74         \$12.21         \$21.31         \$29.25         \$10.96         \$19.21         \$27.05           75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83         \$15.86         \$28.71         \$40.47         \$14.25         \$25.87         \$37.42	72	\$10.93	\$18.91	\$25.87	\$9.81	\$17.07	\$23.93
75         \$12.85         \$22.51         \$30.93         \$11.55         \$20.27         \$28.62           76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83         \$15.86         \$28.71         \$40.47         \$14.25         \$25.87         \$37.42	73	\$11.56	\$20.12	\$27.55	\$10.39	\$18.13	\$25.48
76         \$13.50         \$23.69         \$32.62         \$12.12         \$21.35         \$30.17           77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83         \$15.86         \$28.71         \$40.47         \$14.25         \$25.87         \$37.42	74	\$12.21	\$21.31	\$29.25	\$10.96	\$19.21	\$27.05
77         \$14.11         \$24.89         \$34.31         \$12.70         \$22.44         \$31.72           78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83         \$15.86         \$28.71         \$40.47         \$14.25         \$25.87         \$37.42	75	\$12.85	\$22.51	\$30.93	\$11.55	\$20.27	\$28.62
78         \$14.41         \$25.52         \$35.34         \$12.96         \$23.00         \$32.68           79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83         \$15.86         \$28.71         \$40.47         \$14.25         \$25.87         \$37.42	76	\$13.50	\$23.69	\$32.62	\$12.12	\$21.35	\$30.17
79         \$14.70         \$26.17         \$36.36         \$13.20         \$23.58         \$33.63           80         \$14.99         \$26.80         \$37.39         \$13.47         \$24.15         \$34.58           81         \$15.27         \$27.43         \$38.42         \$13.73         \$24.72         \$35.52           82         \$15.57         \$28.07         \$39.44         \$14.00         \$25.30         \$36.47           83         \$15.86         \$28.71         \$40.47         \$14.25         \$25.87         \$37.42	77	\$14.11	\$24.89	\$34.31	\$12.70	\$22.44	\$31.72
80       \$14.99       \$26.80       \$37.39       \$13.47       \$24.15       \$34.58         81       \$15.27       \$27.43       \$38.42       \$13.73       \$24.72       \$35.52         82       \$15.57       \$28.07       \$39.44       \$14.00       \$25.30       \$36.47         83       \$15.86       \$28.71       \$40.47       \$14.25       \$25.87       \$37.42	78	\$14.41	\$25.52	\$35.34	\$12.96	\$23.00	\$32.68
81       \$15.27       \$27.43       \$38.42       \$13.73       \$24.72       \$35.52         82       \$15.57       \$28.07       \$39.44       \$14.00       \$25.30       \$36.47         83       \$15.86       \$28.71       \$40.47       \$14.25       \$25.87       \$37.42	79	\$14.70	\$26.17	\$36.36	\$13.20	\$23.58	\$33.63
82       \$15.57       \$28.07       \$39.44       \$14.00       \$25.30       \$36.47         83       \$15.86       \$28.71       \$40.47       \$14.25       \$25.87       \$37.42	80	\$14.99	\$26.80	\$37.39	\$13.47	\$24.15	\$34.58
83 \$15.86 \$28.71 \$40.47 \$14.25 \$25.87 \$37.42	81	\$15.27	\$27.43	\$38.42	\$13.73	\$24.72	\$35.52
	82	\$15.57	\$28.07	\$39.44	\$14.00	\$25.30	\$36.47
84    \$16.14    \$29.36    \$41.50    \$14.50    \$26.43    \$38.37	83	\$15.86	\$28.71	\$40.47	\$14.25	\$25.87	\$37.42
	84	\$16.14	\$29.36	\$41.50	\$14.50	\$26.43	\$38.37

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 LONG TERM CARE INSURANCE POLICY FORM 97045 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 D	Day Elimination Po	eriod	90	Day Elimination F	Period
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
Age	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.08	\$1.74	\$2.27	\$0.97	\$1.55	\$2.10
30-34	\$1.41	\$2.30	\$3.00	\$1.27	\$2.07	\$2.79
35-39	\$1.83	\$2.98	\$3.88	\$1.64	\$2.67	\$3.60
40	\$2.06	\$3.36	\$4.38	\$1.86	\$3.02	\$4.06
41	\$2.17	\$3.51	\$4.58	\$1.95	\$3.16	\$4.26
42	\$2.25	\$3.65	\$4.77	\$2.03	\$3.30	\$4.42
43	\$2.38	\$3.86	\$5.05	\$2.14	\$3.49	\$4.68
44	\$2.51	\$4.09	\$5.33	\$2.27	\$3.68	\$4.94
45	\$2.65	\$4.30	\$5.61	\$2.38	\$3.86	\$5.19
46	\$2.77	\$4.51	\$5.89	\$2.51	\$3.97	\$5.46
47	\$2.95	\$4.80	\$6.26	\$2.66	\$4.17	\$5.80
48	\$3.11	\$5.03	\$6.57	\$2.79	\$4.42	\$6.09
49	\$3.25	\$5.25	\$6.89	\$2.93	\$4.70	\$6.37
50	\$3.40	\$5.49	\$7.18	\$3.07	\$4.94	\$6.65
51	\$3.54	\$5.71	\$7.49	\$3.21	\$5.15	\$6.93
52	\$3.70	\$5.94	\$7.80	\$3.33	\$5.36	\$7.21
53	\$3.88	\$6.23	\$8.22	\$3.49	\$5.61	\$7.60
54	\$4.06	\$6.52	\$8.67	\$3.64	\$5.88	\$8.01
55	\$4.26	\$6.86	\$9.16	\$3.82	\$6.17	\$8.47
56	\$4.48	\$7.24	\$9.69	\$4.02	\$6.51	\$8.96
57	\$4.75	\$7.69	\$10.30	\$4.26	\$6.92	\$9.52
58	\$5.05	\$8.16	\$10.95	\$4.55	\$7.36	\$10.12
59	\$5.40	\$8.71	\$11.61	\$4.86	\$7.84	\$10.74
60	\$5.78	\$9.30	\$12.36	\$5.21	\$8.39	\$11.42
61	\$6.22	\$9.98	\$13.20	\$5.59	\$8.99	\$12.22
62	\$6.69	\$10.74	\$14.21	\$6.01	\$9.67	\$13.13
63	\$7.17	\$11.52	\$15.26	\$6.44	\$10.39	\$14.13
64	\$7.64	\$12.32	\$16.38	\$6.87	\$11.10	\$15.16
65	\$8.18	\$13.23	\$17.65	\$7.36	\$11.93	\$16.32
66	\$8.86	\$14.36	\$19.19	\$7.97	\$12.94	\$17.75
67	\$9.67	\$15.68	\$20.94	\$8.70	\$14.12	\$19.36
68	\$10.58	\$17.11	\$22.81	\$9.51	\$15.42	\$21.09
69	\$11.77	\$18.97	\$25.21	\$10.58	\$17.09	\$23.32
70	\$12.66	\$20.32	\$26.92	\$11.37	\$18.31	\$24.90
71	\$13.60	\$21.83	\$28.82	\$12.23	\$19.67	\$26.64
72	\$14.50	\$23.32	\$30.66	\$13.04	\$21.00	\$28.35
73	\$15.62	\$25.26	\$33.06	\$14.04	\$22.76	\$30.57
74	\$16.95	\$27.57	\$35.91	\$15.24	\$24.84	\$33.21
75	\$18.66	\$30.46	\$39.57	\$16.77	\$27.46	\$36.58
76	\$20.71	\$33.93	\$43.95	\$18.62	\$30.57	\$40.65
77	\$22.60	\$37.11	\$47.97	\$20.31	\$33.44	\$44.37
78	\$25.47	\$41.83	\$54.07	\$22.89	\$37.69	\$50.01
79	\$28.34	\$46.55	\$60.18	\$25.48	\$41.95	\$55.64
80	\$31.21	\$51.26	\$66.27	\$28.06	\$46.20	\$61.28
81	\$34.09	\$55.99	\$72.37	\$30.64	\$50.45	\$66.93
82	\$36.96	\$60.70	\$78.47	\$33.22	\$54.70	\$72.56
83	\$39.83	\$65.42	\$84.58	\$35.80	\$58.96	\$78.20
84	\$42.71	\$70.13	\$90.67	\$38.39	\$63.21	\$83.84

Modes Other Than Annual

Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

		30 Day Elimination Period		90 Day Elimination Period		
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$0.67	\$1.12	\$1.57	\$0.60	\$1.01	\$1.46
30-34	\$0.88	\$1.47	\$2.07	\$0.78	\$1.33	\$1.90
35-39	\$1.13	\$1.90	\$2.67	\$1.01	\$1.72	\$2.48
40	\$1.29	\$2.16	\$3.02	\$1.15	\$1.95	\$2.80
41	\$1.34	\$2.25	\$3.15	\$1.20	\$2.03	\$2.91
42	\$1.40	\$2.35	\$3.30	\$1.25	\$2.13	\$3.05
43	\$1.47	\$2.49	\$3.49	\$1.33	\$2.25	\$3.22
44	\$1.55	\$2.63	\$3.68	\$1.40	\$2.37	\$3.39
45	\$1.64	\$2.76	\$3.86	\$1.47	\$2.51	\$3.57
46	\$1.72	\$2.90	\$4.06	\$1.55	\$2.62	\$3.75
47	\$1.83	\$3.08	\$4.33	\$1.64	\$2.79	\$3.99
48	\$1.92	\$3.25	\$4.51	\$1.71	\$2.94	\$4.16
49	\$2.00	\$3.42	\$4.69	\$1.79	\$3.08	\$4.34
50	\$2.07	\$3.60	\$4.89	\$1.88	\$3.23	\$4.49
51	\$2.16	\$3.77	\$5.05	\$1.95	\$3.39	\$4.68
52	\$2.24	\$3.93	\$5.25	\$2.02	\$3.54	\$4.84
53	\$2.35	\$4.10	\$5.52	\$2.11	\$3.70	\$5.10
54	\$2.46	\$4.26	\$5.81	\$2.23	\$3.85	\$5.38
55	\$2.60	\$4.42	\$6.13	\$2.34	\$4.00	\$5.67
56	\$2.74	\$4.62	\$6.47	\$2.45	\$4.17	\$5.98
57	\$2.86	\$4.83	\$6.80	\$2.58	\$4.35	\$6.29
58	\$2.97	\$5.08	\$7.13	\$2.67	\$4.58	\$6.58
59	\$3.05	\$5.36	\$7.45	\$2.74	\$4.82	\$6.89
60	\$3.15	\$5.64	\$7.77	\$2.83	\$5.08	\$7.18
61	\$3.26	\$5.94	\$8.15	\$2.93	\$5.36	\$7.52
62	\$3.43	\$6.29	\$8.58	\$3.08	\$5.67	\$7.94
63	\$3.64	\$6.65	\$9.10	\$3.29	\$6.01	\$8.40
64	\$3.92	\$7.04	\$9.63	\$3.51	\$6.34	\$8.90
65	\$4.21	\$7.48	\$10.23	\$3.78	\$6.73	\$9.46
66	\$4.54	\$7.92	\$10.89	\$4.07	\$7.14	\$10.07
67	\$4.84	\$8.46	\$11.65	\$4.35	\$7.63	\$10.77
68	\$5.18	\$9.04	\$12.46	\$4.66	\$8.15	\$11.51
69	\$5.53	\$9.67	\$13.34	\$4.97	\$8.71	\$12.33
70	\$5.87	\$10.35	\$14.29	\$5.28	\$9.32	\$13.22
71	\$6.26	\$11.09	\$15.33	\$5.63	\$10.00	\$14.18
72	\$6.71	\$11.90	\$16.46	\$6.01	\$10.72	\$15.25
73	\$7.24	\$12.92	\$17.89	\$6.50	\$11.65	\$16.55
74	\$7.78	\$13.92	\$19.31	\$7.00	\$12.54	\$17.86
75	\$8.33	\$14.94	\$20.73	\$7.50	\$13.45	\$19.18
76	\$8.89	\$15.95	\$22.15	\$7.99	\$14.38	\$20.50
77	\$9.44	\$16.97	\$23.58	\$8.48	\$15.29	\$21.78
78	\$9.81	\$17.74	\$24.75	\$8.82	\$15.99	\$22.89
79	\$10.19	\$18.52	\$25.93	\$9.16	\$16.69	\$24.00
80	\$10.58	\$19.31	\$27.12	\$9.51	\$17.39	\$25.09
81	\$10.95	\$20.08	\$28.31	\$9.84	\$18.10	\$26.17
82	\$11.34	\$20.86	\$29.48	\$10.19	\$18.80	\$27.27
83	\$11.72	\$21.64	\$30.67	\$10.54	\$19.50	\$28.36
84	\$12.08	\$22.43	\$31.85	\$10.86	\$20.20	\$29.46

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

# PROPOSED RATES FOR POLICIES EFFECTIVE ON OR AFTER JUNE 1, 2001 COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505 SERIES PREFERRED RATE PER \$1 OF DAILY BENEFIT

	30 D	ay Elimination Po	eriod	90	Day Elimination F	Period
Issue	2 Year	5 Year	Lifetime	2 Year	5 Year	Lifetime
<u>Age</u>	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period	Benefit Period
18-29	\$1.39	\$2.30	\$3.11	\$1.23	\$2.07	\$2.87
30-34	\$1.81	\$3.04	\$4.10	\$1.62	\$2.73	\$3.78
35-39	\$2.35	\$3.95	\$5.32	\$2.11	\$3.54	\$4.91
40	\$2.66	\$4.44	\$6.01	\$2.38	\$4.00	\$5.54
41	\$2.77	\$4.63	\$6.26	\$2.49	\$4.19	\$5.78
42	\$2.91	\$4.86	\$6.57	\$2.60	\$4.38	\$6.06
43	\$3.07	\$5.14	\$6.93	\$2.74	\$4.62	\$6.41
44	\$3.23	\$5.42	\$7.31	\$2.91	\$4.89	\$6.76
45	\$3.40	\$5.70	\$7.69	\$3.05	\$5.14	\$7.10
46	\$3.57	\$5.99	\$8.08	\$3.21	\$5.39	\$7.46
47	\$3.79	\$6.36	\$8.58	\$3.40	\$5.73	\$7.92
48	\$3.89	\$6.54	\$8.86	\$3.50	\$5.88	\$8.18
49	\$4.00	\$6.72	\$9.11	\$3.58	\$6.05	\$8.43
50	\$4.10	\$6.89	\$9.39	\$3.68	\$6.20	\$8.68
51	\$4.20	\$7.06	\$9.66	\$3.77	\$6.37	\$8.93
52	\$4.30	\$7.24	\$9.93	\$3.86	\$6.52	\$9.18
53	\$4.42	\$7.45	\$10.21	\$3.98	\$6.72	\$9.44
54	\$4.56	\$7.69	\$10.47	\$4.10	\$6.92	\$9.69
55	\$4.72	\$7.91	\$10.78	\$4.24	\$7.13	\$9.97
56	\$4.86	\$8.13	\$11.09	\$4.37	\$7.34	\$10.25
57	\$4.98	\$8.39	\$11.42	\$4.49	\$7.55	\$10.56
58	\$5.12	\$8.62	\$11.76	\$4.59	\$7.77	\$10.86
59	\$5.22	\$8.86	\$12.12	\$4.69	\$7.98	\$11.20
60	\$5.33	\$9.11	\$12.50	\$4.79	\$8.20	\$11.56
61	\$5.46	\$9.38	\$12.94	\$4.91	\$8.47	\$11.96
62	\$5.66	\$9.76	\$13.43	\$5.08	\$8.79	\$12.42
63	\$5.89	\$10.19	\$14.00	\$5.31	\$9.18	\$12.94
64	\$6.19	\$10.70	\$14.62	\$5.56	\$9.63	\$13.50
65	\$6.52	\$11.24	\$15.27	\$5.85	\$10.12	\$14.14
66	\$6.87	\$11.83	\$16.03	\$6.17	\$10.65	\$14.81
67	\$7.21	\$12.45	\$16.84	\$6.50	\$11.23	\$15.57
68	\$7.60	\$13.10	\$17.71	\$6.82	\$11.80	\$16.39
69	\$7.99	\$13.78	\$18.68	\$7.18	\$12.40	\$17.28
70	\$8.40	\$14.49	\$19.71	\$7.53	\$13.05	\$18.21
71	\$8.83	\$15.25	\$20.82	\$7.92	\$13.75	\$19.24
72	\$9.30	\$16.09	\$22.01	\$8.34	\$14.52	\$20.34
73	\$9.83	\$17.11	\$23.44	\$8.83	\$15.41	\$21.67
74	\$10.39	\$18.12	\$24.88	\$9.32	\$16.34	\$23.00
75	\$10.93	\$19.15	\$26.31	\$9.83	\$17.23	\$24.33
76	\$11.48	\$20.15	\$27.75	\$10.32	\$18.16	\$25.66
77	\$12.00	\$21.17	\$29.18	\$10.79	\$19.08	\$26.98
78	\$12.25	\$21.70	\$30.06	\$11.03	\$19.56	\$27.79
79	\$12.50	\$22.26	\$30.93	\$11.23	\$20.05	\$28.60
80	\$12.75	\$22.79	\$31.81	\$11.45	\$20.54	\$29.41
81	\$12.99	\$23.32	\$32.68	\$11.68	\$21.03	\$30.21
82	\$13.24	\$23.87	\$33.54	\$11.90	\$21.52	\$31.01
83	\$13.50	\$24.42	\$34.43	\$12.12	\$22.01	\$31.82
84	\$13.73	\$24.96	\$35.29	\$12.33	\$22.48	\$32.63

Modes Other Than Annual Semiannual Mode: 51% of Annual Quarterly Mode: 26% of Annual

Spousal Discount is 10% of resulting Standard or Preferred Rate.

Modal Rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99509 is 30% of the resulting modal premium shown above after application of Spousal Discount.

## Actual and Projected Nationwide Experience

		Actual	
Year	Earned Premium	Incurred Claims	Loss Ratio
1997	345,017	=	0.0%
1998	4,974,842	13,981	0.3%
1999	17,681,997	1,040,702	5.9%
2000	39,331,647	3,886,224	9.9%
2001	61,235,559	4,873,054	8.0%
2002	66,586,460	7,935,604	11.9%
2003	64,715,957	11,808,395	18.2%
2004	62,720,906	17,388,568	27.7%
2005	61,331,812	15,413,988	25.1%
2006	60,140,109	26,006,668	43.2%
2007	58,956,329	22,549,214	38.2%
2008	57,723,478	30,115,442	52.2%
2009	56,362,259	31,317,400	55.6%
2010	54,918,024	35,734,692	65.1%
2011	53,503,183	40,822,978	76.3%
2012	52,104,022	46,488,630	89.2%
Total	772,631,601	295,395,542	38.2%

			Projection		
Projection	Earned Premium	Earned Premium	,	Loss Ratio	Loss Ratio
Year	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
2013	52,517,545	52,583,916	52,513,592	100.0%	99.9%
2014	52,791,155	59,650,052	59,078,796	111.9%	99.0%
2015	51,357,965	68,368,669	66,232,972	129.0%	96.9%
2016	49,431,281	66,426,975	74,025,868	149.8%	111.4%
2017	47,459,782	63,852,966	81,657,784	172.1%	127.9%
2017	45,449,271	61,220,481	89,731,484	197.4%	146.6%
2019	43,406,283	58,537,509	98,110,221	226.0%	167.6%
2020	41,337,413	55,812,401	106,767,369	258.3%	191.3%
2021	39,250,640	53,055,560	115,739,632	294.9%	218.1%
2022	37,155,281	50,279,271	124,966,179	336.3%	248.5%
2023	35,061,345	47,496,984	134,258,565	382.9%	282.7%
2023	32,978,255	44,721,528	143,438,799	434.9%	320.7%
2024				493.0%	363.2%
2025	30,914,606	41,964,908	152,421,328		363.2% 410.5%
2026	28,879,575	39,240,079	161,076,070	557.8% 629.9%	410.5% 463.1%
2027	26,883,447	36,561,468	169,330,265		463.1% 521.5%
2028	24,936,468	33,943,514	177,025,655	709.9%	
	23,047,755	31,399,061	183,936,034	798.1%	585.8%
2030	21,224,196	28,938,074	189,951,496	895.0%	656.4%
2031	19,472,035	26,569,743	195,102,791	1002.0%	734.3%
2032	17,797,666	24,303,330	199,478,590	1120.8%	820.8%
2033	16,207,226	22,147,643	203,031,013	1252.7%	916.7%
2034	14,705,125	20,109,108	205,523,834	1397.6%	1022.0%
2035	13,293,398	18,190,965	206,697,795	1554.9%	1136.3%
2036	11,972,730	16,394,641	206,530,733	1725.0%	1259.7%
2037	10,744,004	14,721,717	205,413,624	1911.9%	1395.3%
2038	9,607,710	13,173,184	203,572,790	2118.8%	1545.4%
2039	8,562,685	11,747,736	200,985,957	2347.2%	1710.8%
2040	7,605,860	10,441,507	197,416,346	2595.6%	1890.7%
2041	6,733,365	9,249,495	192,926,065	2865.2%	2085.8%
2042	5,941,729	8,167,186	187,980,737	3163.7%	2301.7%
2043	5,227,166	7,189,556	182,817,683	3497.5%	2542.8%
2044	4,585,049	6,310,400	177,395,615	3869.0%	2811.2%
2045	4,010,061	5,522,599	171,618,377	4279.7%	3107.6%
2046	3,496,859	4,818,974	165,648,954	4737.1%	3437.4%
2047	3,040,641	4,193,053	159,801,834	5255.5%	3811.1%
2048	2,636,670	3,638,416	154,046,577	5842.5%	4233.9%
2049	2,280,155	3,148,546	148,092,465	6494.8%	4703.5%
2050	1,966,286	2,716,923	141,626,256	7202.7%	5212.7%
2051	1,690,463	2,337,318	134,593,841	7962.0%	5758.5%
2052	1,448,339	2,003,815	127,130,695	8777.7%	6344.4%
2053	1,236,319	1,711,522	119,338,909	9652.8%	6972.7%
2054	1,050,975	1,455,776	111,286,594	10588.9%	7644.5%
2055	889,292	1,232,483	102,899,872	11571.0%	8349.0%
2056	748,501	1,037,876	94,206,288	12586.0%	9076.8%
2057	626,247	868,759	85,352,078	13629.1%	9824.6%
2058	520,165	721,902	76,221,294	14653.3%	10558.4%
2059	429,068	595,699	66,757,281	15558.7%	11206.5%
2060	351,135	487,667	57,099,184	16261.3%	11708.6%
2061	284,951	395,868	47,563,215	16691.7%	12014.9%
2062	229,139	318,418	38,856,139	16957.5%	12202.9%
Total	863,473,276	1,139,975,243	6,947,275,537	804.6%	609.4%

	Earned Premium Without Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio Without Increase	Loss Ratio With Increase
Past Experience	772,631,601	772.631.601	295,395,542	38.2%	38.2%
Anticipated Experience	863,473,276	1,139,975,243	6,947,275,537	804.6%	609.4%
Lifetime Experience	1,636,104,877	1,912,606,844	7,242,671,078	442.7%	378.7%
Past Experience @4.5%	1,078,926,341	1,078,926,341	369,655,235	34.3%	34.3%
Anticipated Experience @4.5%	574,308,026	746,814,027	2,747,922,850	478.5%	368.0%
Lifetime Experience @4.5%	1,653,234,368	1,825,740,368	3,117,578,085	188.6%	170.8%

## Actual and Projected Virginia Experience

		Actual	
Year	Earned Premium	Incurred Claims	Loss Ratio
1997			
1998	88,619	-	0.0%
1999	395,233	38,549	9.8%
2000	884,329	22,910	2.6%
2001	1,434,579	=	0.0%
2002	1,694,546	216,853	12.8%
2003	1,598,039	520,445	32.6%
2004	1,571,826	330,827	21.0%
2005	1,551,861	739,317	47.6%
2006	1,519,602	458,889	30.2%
2007	1,496,756	=	0.0%
2008	1,483,589	108,780	7.3%
2009	1,439,167	1,368,129	95.1%
2010	1,405,568	807,005	57.4%
2011	1,366,470	523,111	38.3%
2012	1,346,673	1,594,788	118.4%
Total	19,276,859	6,729,603	34.9%

	Projection					
Projection	Earned Premium	Earned Premium		Loss Ratio	Loss Ratio	
Year	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase	
2013	1,310,969	1,315,393	1,315,413	100.3%	100.0%	
2014	1,266,019	1,544,865	1,476,388	116.6%	95.6%	
2015	1,220,331	1,675,625	1,653,488	135.5%	98.7%	
2016	1,173,957	1,614,503	1,848,332	157.4%	114.5%	
2017	1,126,932	1,552,276	2,042,598	181.3%	131.6%	
2018	1,079,301	1,488,980	2,249,758	208.4%	151.1%	
2019	1,031,120	1,424,667	2,467,712	239.3%	173.2%	
2020	982,450	1,359,413	2,694,608	274.3%	198.2%	
2021	933,389	1,293,353	2,930,607	314.0%	226.6%	
2022	884,100	1,226,700	3,176,254	359.3%	258.9%	
2023	834,783	1,159,729	3,424,813	410.3%	295.3%	
2024	785,638	1,092,721	3,668,006	466.9%	335.7%	
2025	736,798	1,025,884	3,905,250	530.0%	380.7%	
2026	688,575	959,650	4,136,124	600.7%	431.0%	
2027	641,129	894,275	4,351,988	678.8%	486.6%	
2028	594,713	830,133	4,547,692	764.7%	547.8%	
2029	549,537	767,547	4,720,115	858.9%	615.0%	
2030	505,798	706,821	4,869,468	962.7%	688.9%	
2031	463,672	648,227	4,993,344	1076.9%	770.3%	
2032	423,322	592,017	5,087,872	1201.9%	859.4%	
2032	384,914	538,446	5,154,026	1339.0%	957.2%	
2033		· ·			1063.2%	
	348,571	487,707	5,185,146	1487.5%		
2035	314,380	439,939	5,178,930	1647.3%	1177.2%	
2036	282,381	395,209	5,148,855	1823.4%	1302.8%	
2037	252,631	353,603	5,093,165	2016.0%	1440.4%	
2038	225,140	315,144	5,016,496	2228.2%	1591.8%	
2039	199,906	279,832	4,916,368	2459.3%	1756.9%	
2040	176,833	247,538	4,787,472	2707.3%	1934.0%	
2041	155,830	218,142	4,641,122	2978.3%	2127.6%	
2042	136,824	191,537	4,478,420	3273.1%	2338.2%	
2043	119,744	167,628	4,314,780	3603.3%	2574.0%	
2044	104,450	146,218	4,148,130	3971.4%	2836.9%	
2045	90,792	127,098	3,964,757	4366.9%	3119.4%	
2046	78,626	110,067	3,767,214	4791.3%	3422.7%	
2047	67,862	94,999	3,555,349	5239.1%	3742.5%	
2048	58,352	81,686	3,343,876	5730.6%	4093.6%	
2049	49,990	69,980	3,140,052	6281.4%	4487.0%	
2050	42,664	59,726	2,931,930	6872.1%	4909.0%	
2051	36,268	50,771	2,724,503	7512.2%	5366.2%	
2052	30,709	42,990	2,510,504	8175.1%	5839.7%	
2053	25,889	36,243	2,300,524	8886.1%	6347.6%	
2054	21,699	30,377	2,106,460	9707.8%	6934.5%	
2055	18,096	25,333	1,925,305	10639.3%	7599.9%	
2056	15,000	20,999	1,750,514	11670.3%	8336.2%	
2057	12,368	17,314	1,585,415	12818.8%	9156.6%	
2058	10,137	14,191	1,430,331	14110.2%	10079.0%	
2059	8,259	11,563	1,265,229	15318.9%	10942.3%	
2060	6,679	9,351	1,093,564	16372.9%	11695.1%	
2060	5,364	7,509	916,875	17094.1%	12210.2%	
2061				17094.1% 17610.7%	12210.2% 12579.2%	
Z062 Total	4,278 20,517,170	5,989 27,769,908	753,375 164,688,514	802.7%	593.0%	

	Earned Premium	Earned Premium		Loss Ratio	Loss Ratio
	Without Increase	With Increase	Incurred Claims	Without Increase	With Increase
Past Experience	19,276,859	19,276,859	6,729,603	34.9%	34.9%
Anticipated Experience	20,517,170	27,769,908	164,688,514	802.7%	593.0%
Lifetime Experience	39,794,028	47,046,766	171,418,117	430.8%	364.4%
Past Experience @4.5%	26,763,694	26,763,694	8,365,465	31.3%	31.3%
Anticipated Experience @4.5%	13,708,421	18,294,672	67,452,550	492.1%	368.7%
Lifetime Experience @4.5%	40,472,115	45,058,366	75,818,015	187.3%	168.3%

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY BLOOMINGTON, ILLINOIS 61710 ACTUARIAL MEMORANDUM – RATE INCREASE

# STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM 97045VA.1 SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99504VA COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99505

## I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in Virginia. This memorandum is not suitable for other purposes.

## II. GENERAL INFORMATION

- A. Type of Policy: These are Individual Tax Qualified Long Term Care Insurance Policies
- B. Renewability: Guaranteed Renewable
- Marketing Method: These policies were sold through a captive agency force but are no longer sold
- D. Issue Ages: ages 30 through 84
- E. Average Issue Age of inforce policies: 56

#### III. APPLICABILITY

This filing is applicable to all in-force policies and associated riders issued in Virginia on the above referenced forms. These forms were marketed in Virginia between February 1, 2008 and November 20, 2002. These forms are no longer marketed in any state. As of December 31, 2012, there were 1,142 policies in force on these forms in Virginia and 44,726 nationwide. A similar increase has been filed in all jurisdictions this series of forms were marketed in.

## IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

- A. Form 97045VA.1: This form provides comprehensive Long Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care in a facility after the specified waiting period.
- B. Optional Simple Automatic Increase Benefit Rider Form 99504VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.
- C. Optional Compound Automatic Increase Benefit Rider Form 99505: provides compound automatic benefit increases of 5% for each policy year.

## V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

## VI. MORBIDITY ASSUMPTIONS

Claim costs were developed using 2011 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research and judgment. These claim costs were developed based on the benefits provided under these forms, and were adjusted based on actual experience on these forms.

No future morbidity improvement was assumed in these claim costs.

## VII. MORTALITY ASSUMPTION

Sex distinct mortality was assumed to follow the IAM 2012 Static table with 11 year selection factors, grading from 28% to 91% of the table over those 11 years, with the ultimate factor being 91% in years 11 and beyond. The selection factors for the first 10 years are based on actual mortality results on State Farm's long term care block.

	Assumed Mortality Factor	Actual Mortality Factor	Actual
Duration	As a % of 2012 IAM	As a % of 2012 IAM	Deaths
1	28%	28%	209
2	50%	50%	389
3	58%	58%	457
4	62%	62%	495
5	73%	73%	582
6	68%	68%	554
7	79%	79%	644
8	83%	83%	666
9	91%	91%	670
10	92%	92%	552
11+	91%	95%	820

## VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Voluntary lapse rates are based on our countrywide long term care lapse experience. All policies are in their  $10^{th}$  + year.

The following chart shows our actual lapse rate by duration through Dec. 31, 2011.

Duration	Actual Lapse Rate	Exposures
1	5.85%	61,698
2	4.40%	57,956
3	2.71%	55,194
4	1.86%	53,452
5	1.40%	52,196
6	1.03%	51,151
7	0.84%	50,291

8	0.84%	49,465
9	0.83%	46,423
10+	0.71%	100,943

Lapse rate used for projections in lifetime loss ratio calculation in policy years 11 + = .70%. Ultimate lapse rates assumed in the original pricing were in excess of 4%.

#### IX. HISTORY OF RATE ADJUSTMENTS

On May 9, 2000, we filed new rate tables to be used for new business on these forms. This change was implemented on June 1, 2001.

## X. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to the rate increase is:

Virginia \$1,172 Nationwide \$1,153

The average annual premium for this form and associated riders after the rate increase is:

Virginia \$1,603 Nationwide \$1,355

#### XI. MINIMUM LIFETIME LOSS RATIO

The minimum lifetime loss ratio is 60%.

## XII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide experience is shown in the exhibit entitled Actual and Projected Nationwide Experience. Projected premiums are shown both with and without the proposed rate increase. A summary of the resulting loss ratios are shown below.

The lifetime loss ratio is calculated as the present value of past and anticipated incurred claims divided by the present value of past and anticipated earned premium. The present values are calculated at 4.5%.

The following table shows the present values of premiums and claims at 4.5%.

	Earned	Earned		Loss	Loss
	Premium	Premium	Incurred	Ratio	Ratio
	w/o Increase	with Increase	Claims	w/o Increase	w increase
Past	\$1,078,926,341	\$1,078,926,341	\$369,655,235	34.3%	34.3%
Anticipated	\$574,308,026	\$746,814,027	\$2,747,922,850	478.5%	368.0%
Lifetime	\$1,653,234,368	\$1,825,740,368	\$3,117,578,085	188.6%	170.8%

## XIII. MAXIMUM ALLOWABLE RATE INCREASE

	merease
Approach 1: Calculate maximum increase based only on future premium	616%
Approach 2: Calculate maximum increase based on past and future premium	214%

Under Approach 1, if future premiums were increased 616%, the expected lifetime loss ratio would be 60%.

Under Approach 2, if future premiums were increased 214%, the expected lifetime loss ratio would be 108%. However, if premiums had initially been 214% higher, the expected lifetime loss ratio would be 60%. This method of meeting the minimum loss ratio does not allow the company to recoup past losses. This is the method that will be used to justify this rate increase.

## XIV. SUMMARY OF PROPOSED RATE INCREASE

As shown in Approach 2 above, a rate increase of 214% is allowed to bring the lifetime loss ratio to 60%, however we are proposing an overall average increase of 37%.

We are proposing an increase of 40% on most policyholders with the following exceptions:

For all benefit periods and elimination periods, on the base policy form, the following increases will apply:

Issue Age	Proposed Increase
67	39%
68-69	37%
70	32%
71	27%
72	21%
73	14%
74	10%
75	9%
76+	10%

In addition, for policies issued on or after June 1, 2001, with a 5 year benefit period, and 90 day elimination period, the increase on the base policy form will be:

Issue Age	Proposed Increase
46	37%
47	35%
48	37%
49	39%

The purpose of these exceptions is to keep the proposed premiums lower than premiums that are being offered on currently marketed forms.

A table comparing current and proposed rates is included in the supporting documentation (There are some increases that show as 41% or 39% that are due to rounding. No increases are 41%, but may be greater than or equal to 40.5% and round to 41%).

Although a rate increase larger than 37% can be justified at this time, State Farm is not currently seeking a higher increase. This rate increase will enhance premium adequacy, however it will not be sufficient to prevent further rate increases. We will continue to monitor emerging experience and consider further increases in the future.

## XV. CERTIFICATION

Sananta Hauchuchs

I certify that to the best of my knowledge this rate filing is in compliance with the applicable laws and rules of your state, and complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities" and Actuarial Standard of Practice No. 18, "Long-Term Care Insurance".

October 7, 2013
Date

Samantha Knackmuhs, FSA, MAAA